

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

FILED 18 JAN '24 10:14 USDC-ORP

**UNITED STATES DISTRICT COURT**

for the

District of Oregon

Portland Division

**Modesto Luis-Hernandez***Plaintiff,***-v-****Marion County Sheriff Joe Kast,  
Marion County Jail; Marion County  
Medical staff "John Doe",***Defendant(s)*Case No. 2:24-cv-120 AL  
(to be filled in by the Clerk's Office)**COMPLAINT FOR VIOLATION OF CIVIL RIGHTS**

(Prisoner Complaint)

**NOTICE**

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed *in forma pauperis*.

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**I. The Parties to This Complaint****A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name: Modesto Luis-Hernandez  
 All other names by which  
 you have been known: \_\_\_\_\_  
 ID Number: 21941529  
 Current Institution: Snake River Correctional Institution  
 Address: 777 Stanton Blvd.  
 Ontario, OR 97914

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (*if known*) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

**Defendant No. 1**

Name: Joe Kast  
 Job or Title: Marion County Sheriff  
 Shield Number: \_\_\_\_\_  
 Employer: Marion County Jail  
 Address: 4000 Aumsville Hwy SE  
 Salem, OR 97301  
☐ Individual capacity ☒ Official capacity

**Defendant No. 2**

Name: Dr. "John Doe"  
 Job or Title: Marion County Medical Doctor  
 Shield Number: \_\_\_\_\_  
 Employer: Marion County Jail



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Address: 4000 Aumsville Hwy SE  
Salem, OR 97301  
☒ Individual capacity ☒ Official capacity

## II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 US. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (*check all that apply*):

☐ Federal officials (a *Bivens* claim)

☒ State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

My 8<sup>th</sup> Amendment constitutional right to be free from cruel and unusual punishment was violated by local officials from the Marion County Jail.

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

Defendant Kast acted under color of law when he failed to investigate or assign a designee to look into the providing of medical care that was needed for

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Modesto Luis Hernandez after an injury that he had sustained while in the care and custody of his staff and within his facility of the Marion County Jail.

Defendant Dr. "John Doe" acted in his official capacity when he failed to provide prompt and proper medical attention to inmate Modesto Luis Hernandez after he had sustained an injury while performing his duties as inmate worker and while he was in custody at the Marion County Jail, and brought to the medical provider located within the facility. Inmate Luis-Hernandez submitted various medical request forms to be seen for his injuries and for treatment. Dr. "John Doe" and the staff at the Marion County jail were absolutely indifferent to Mr. Luis-Hernandez' medical needs. Treatment was not provided promptly, which has resulted in Plaintiff having limited ability to work and daily routine activities. If the required medical care had been promptly provided plaintiff would have had full function and ability to work, and would not have had to resort to file a lawsuit against these individuals.

### III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (*check all that apply*):

- ☐ Pretrial detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee
- ☒ Convicted and sentenced state prisoner
- ☐ Convicted and sentenced federal prisoner
- ☐ Other (explain) \_\_\_\_\_

### IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.



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A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

I suffered an injury while in custody, and as inmate worker, at the Marion County Jail, located at 4000 Aumsville Hwy SE., Salem, OR 97301

The accident took place in October 17, 2021, between 07:00 and 07:30 am.

B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

I had slipped and fallen while working as an orderly in the Marion County Jail. When I fell I yelled, and an officer attempted to get me up, and due to the pain, I asked him to not move me, and I then asked to have medical staff check on me. From there medical staff arrived and moved me to the medical area. I was asked on which side of my body the pain was (left side) and was given 30 days of no work. During that time, and while recovering, I began to regain limited movement. This is when one of the jail officers noticed this slight recovery and decided to force me to continue working (before 30 days from the accident) and I was threatened that if I refused to work I would be punished for it. I was only able perform a little bit of work as my limitations allowed me to.

C. What date and approximate time did the events giving rise to your claim(s) occur?

The accident took place in October 17, 2021, between 07:00 and 07:30 am.

D. What are the facts underlying your claim(s)? *(For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)*

As part of my orderly duties, as inmate worker while in custody in county jail, I was told to go and clean two of the cells that serve as isolation for inmates that violate behavioral rules while in custody of the county jail. I had just finished cleaning the first of the two cells, and I was on my way to clean the second one. I was walking down the hallway and I slipped on water that I did not see on the floor right in front of the showers (there were no Wet Floor signs either). I know there were 3 or 4 officers present because I slipped and fell right in front of them. I was not able to get their names. It was one of those officers that rushed to my aid. He tried to pick me up, but since I was badly hurt and could not get up it was this officer who made the attempt to find the on-site doctor and provided me with a wheelchair and even wheeled me out to the doctor's office.



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**V. Injuries**

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

When I slipped and fell I landed on the left side of my body. I hit my head on the hard floor, so much so that I was immediately dazed/dizzy. My left shoulder and my left leg both hit the floor as well, and although I didn't notice any bruising soon after the fall, I have been in pain ever since. The shoulder injury that I sustained entailed torn tendons/ligaments, and the shoulder itself dislocated. The injuries were such that my shoulder was basically useless. I couldn't do even do the simplest of tasks, like taking a shower and such. My shoulder was numb and just limply hanging.

I sustained pretty much the same type of injuries on my left leg (tendons, ligaments, considerable bruising) and subsequently lost feeling on it as well. The doctors that attended to my injuries informed me that the tendons in the back of my leg were displaced about 5 centimeters due to the fall (I basically did the splits).

I had to climb the stairs to the second floor to be able to meet with my court appointed attorney. When he noticed how I had a hard time because of my injuries he arranged for our meetings to take place in the first floor.

I had It took about 3 months, from the time of the accident, for me to be seen by the Hope Orthopedic clinic. The doctor that took care of me there informed me that the displaced tendons/ligaments had already healed in the wrong place and surgery meant to have to cut muscle tissue and possibly the tendons/ligaments in order to repair the sustained damage. The doctor indicated that the chances of getting back to full recovery were slim to none, not to mention that the chances of amputation were very high. In the end, the doctor suggested to just leave it alone, that I would lead a somewhat normal life, although with limited mobility and long-lasting pain, but I would at least be able to walk on my own two legs.

After I had my shoulder surgery I was placed in the inmate recovery area of county jail. Two days after that a deputy came to see me to tell me that I was well enough to move to general population area, because according to him I should have recovered enough to be moved.

The morning after being moved to the general inmate area I was on my way to get my meds from the med cart. I was still limping, dizzy, and in a lot of pain, when I once again fell. The floor conditions were the same as with the original injury: water on the floor and no signs indicating so. There were quite a few witnesses, to include attorneys visiting with their clients, and these attorneys were the ones that



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alerted C.O. Felix about my fall and threatened the staff to take care of me or they would act as witnesses of that incident.

## VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

\$100,000.00 for shoulder, \$100,000.00 for leg, and \$100,000 for pain and suffering and continued future recurring pain.

The basis for these amounts is the estimated income that I would have been able to earn had I been able to function properly and perform all the required work that I would have been able to perform if I had not had any functional limitations. I have been told by the medical staff that because of my injuries I won't be able to attain full function and that my condition may even worsen, which it has.

It is also worth mentioning the following: medical deliberate indifference, negligence, and abuse of discretion as actions from the Marion County Jail staff and the medical staff in considering the relief I'm seeking.

### Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes

☐ No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

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**Marion County Jail**

- B.** Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes

☐ No

☐ Do not know

- C.** Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

☐ Yes

☒ No

☐ Do not know

If yes, which claim(s)? \_\_\_\_\_

- D.** Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☒ Yes

☐ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☐ Yes

☐ No

- E.** If you did file a grievance:

**1.** Where did you file the grievance?

Marion County Jail



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2. What did you claim in your grievance?

My claim was that of the accident, witnesses, the sustained injuries and the lack of proper medical care.

3. What was the result, if any?

The result was that of delayed proper medical care at the time of the accident, the indifference expressed by the medical personnel, and the denial of proper medical care/solutions.

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4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. *(Describe all efforts to appeal to the highest level of the grievance process.)*

I followed the proper grievance procedure, the sending of the communication Kytes reminding/pleading the medical personnel to provide me with the necessary medical care, and the safekeeping or all the grievance responses I received.

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

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2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

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3. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

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*(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)*

## VII. Previous Lawsuits

The "three strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury." 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this "three strikes rule"?

☐ Yes

☒ No

If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible. \_\_\_\_\_

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☐ Yes

☒ No

B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s): \_\_\_\_\_

Defendant(s): \_\_\_\_\_

2. Court *(if federal court, name the district; if state court, name the county and State)*

3. Docket or index number



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4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

☐ Yes

☒ No

If no, give the approximate date of disposition. \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

### VIII. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a non-frivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

#### A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing:

01/11/2024

Signature of Plaintiff:

Modesto Luis Hernandez

Printed Name of Plaintiff:

Modesto Luis-Hernandez

Prison Identification #:

21941529

Prison Address

Snake River Correctional Institution  
777 Stanton Blvd.  
Ontario, OR 97914

LUIS-HERNANDEZ, MODESTO

RECORDS REQUEST INVENTORY FORM

21941529

07/24/1969

PATIENT SID#: \_\_\_\_\_

DATE RANGE OF RECORDS PROVIDED AND DESCRIPTION

Dental	_____	_____
Flow Sheets	<u>3</u>	<u>3.23 to 11.27.22</u>
Special Needs	<u>1</u>	<u>2.24.23</u>
Problem List/ Facesheet	<u>2</u>	<u>5.18.23</u>
Physician Orders	<u>5</u>	<u>7.3.23 to 11.22.22</u>
Progress Notes	<u>4</u>	<u>7.4.23 to 11.22.22</u>
Labs	<u>10</u>	<u>6.10.23 to 11.22.22</u>
X-Rays	<u>3</u>	<u>2.23.23 to 2.6.23</u>
TB Test	<u>1</u>	<u>11.2022</u>
Misc Test	<u>—</u>	<u>—</u>
MARS	<u>1</u>	<u>12.22</u>
Optical	<u>—</u>	<u>—</u>
Consults	<u>3</u>	<u>2.28.23 to 2.12.23</u>
Consents	<u>6</u>	<u>12.26.22 to 11.22.22</u>
Intake Papers	<u>5</u>	_____
<del>Old Records</del> Medical Kytes	<u>2</u>	<u>11.22.22 to 11.2022</u>
<u>BHS RECORDS</u>		
Progress Notes	_____	_____
Evaluations	_____	_____
Assessments	_____	_____
Kytes	_____	_____
Other	_____	_____

☐ Total Pages/Fee (\$1.25 per page for first 10 pages then \$.25 per page): \_\_\_\_\_

Total Copy Charge: \_\_\_\_\_

☒ No Charge (e.g., provider request or AIC free copy per OAR 291-124-0100)

Requested By: \_\_\_\_\_

Prepayment Notification Sent: \_\_\_\_\_ Records Mailed/Delivered: 07-11-2023Patient/AIC Signature for Receipt of Records: Modesto Luis H





COVID 19  
Flowsheet

Evaluation for circle one:

Confirmed COVID

Suspected COVID 19

Quarantine

14-Day Observation

PT's Sticker Name/SID #		Housing Unit	Date of Onset	COVID 19 Testing Y/N		COVID 19	FLU
				IF Yes Date Tested		NEG/ POS	NEG / POS
Luis-Hernandez, m. 21941529		3F05B					

Day # After Exposure	Date	Time	TEMP/ BP SAO2	SYMPTOMS												Screening Personnel Name and Signature
				INDICATE WITH (X) IN BOX IF PATIENT REPORTS POSITIVE SYMPTOM BELOW												
				Fever/ Chills	Cough	SOB/ difficulty breathing	Fatigue	Muscle or Body Aches	Headache	New Loss of Taste or Smell	Sore Throat	Congestion /runny nose	Nausea or Vomiting	Diarrhea	None	
12/21	8:00		97.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	AR
12/22			97.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	AR
12/23			96.9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	AR
12/27			97.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	AR
12/28			97.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	AR
12/29			96.6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	AR
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Evaluation for circle one:

Confirmed COVID

Suspected COVID 19

## Quarantine

### 14-Day Observation

[illegible]





# COVID 19 Flowsheet

Evaluation for circle one:

Confirmed COVID

Suspected COVID 19

Quarantine

~~14-Day Observation~~

PT's Sticker Name/SID #				Housing Unit		Date of Onset		COVID 19 Testing Y/N If Yes Date Tested:				COVID 19 NEG/ POS			FLU NEG / POS	
Day # After Exp	Date	Time	TEMP/ BP SAO2	SYMPTOMS												Screening Personnel Name and Signature
				INDICATE WITH (X) IN BOX IF PATIENT REPORTS POSITIVE SYMPTOM BELOW												
				Fever / Chills	Cough	SOB/ difficulty breathing	Fatigue	Muscle or Body Aches	Headache	New Loss of Taste or Smell	Sore Throat	Congestion/ runny nose	Nausea or Vomiting	Diarrhea	None	
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Other:





COVID 1  
Flowsheet

Evaluation for circle one:

COVID

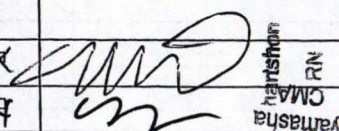

Suspected COVID 19

Quarantine

5 day observation  
14-Day Observation

LUIS-HERNANDEZ, MODESTO  
21941529  
07/24/1969

Housing Unit <b>B117B</b>	Date of Onset	COVID 19 Testing Y/N <b>rapid PCR</b> If Yes Date Tested: <b>11/22/22</b>	COVID 19 NEG/ POS	FLU NEG / POS
------------------------------	---------------	--	----------------------	------------------

Day // After Exp	Date	Time	TEMP/ BP SAO2	SYMPTOMS												Screening Personnel Name and Signature
				INDICATE WITH (X) IN BOX IF PATIENT REPORTS POSITIVE SYMPTOM BELOW												
				Fever / Chills.	Cough	SOB/ difficulty breathing	Fatigue	Muscle or Body Aches	Headache	New Loss of Taste or Smell	Sore Throat	Congestion/ runny nose	Nausea or Vomiting	Diarrhea	None	
	11/22	1624	98.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	11/27	10	WNL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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Other:

Luis Hernandez





# OREGON DEPARTMENT OF CORRECTIONS – DIET ORDER FORM

LUIS-HERNANDEZ, MODESTO

21941529

07/24/1969

(D.O.B)

(Unit/bunk – if delivered)

2/24/23

(Start Date)

8/24/23

(Expiration Date)

New Diet Order: ☒ Yes ☐ No

Changes to Existing Order: ☐ Yes

Previous Diet Code

New diet order forms replace all previous diet order forms.

Check desired diet and Email/Fax form to Food Services. Enter code in DOC400 Special Needs-Diet-Comments.

Retain diet order form under special needs tab in medical file until diet is expired or discontinued.

<u>Diet</u>	<u>Code</u>	<u>Description: Clinical Indications</u>
<input type="checkbox"/> Clear Liquid	<b>CLQ</b>	Clear Liquids only: surgery prep, procedure prep, post-op, bowel rest Not nutritionally adequate, 3-day maximum recommended
<input type="checkbox"/> Full Liquid	<b>FLQ</b>	Next step in diet advancement after CLQ, adds opaque liquids Not nutritionally adequate, 3-5 day maximum recommended
<input checked="" type="checkbox"/> Pureed	<b>PUR</b>	Smooth texture, no chewing required: dysphagia, wired jaw, post-dental work
<input type="checkbox"/> Dental Soft	<b>DS</b>	No hard, crunchy foods (chips, apples, raw veg): missing teeth, TMJ
<input type="checkbox"/> Low Residue	<b>LR</b>	Restricts high-fiber foods and common bowel irritants, also functions as Bland diet: Crohn's, Colitis, IBS, cancer, post-bariatric surgery
<input type="checkbox"/> Gluten-Free	<b>GF</b>	Eliminates food containing wheat, barley & rye: celiac disease only
<input type="checkbox"/> Low-Protein Renal	<b>REN</b>	Restricts protein, sodium, potassium & phosphorus: stage 1-4 CKD
<input type="checkbox"/> High-Protein Dialysis	<b>DIA</b>	Increased protein while restricting sodium, potassium & phosphorus: Stage 5 CKD, active dialysis (CCCF & TRCI only)
<input type="checkbox"/> Double Protein Entrée	<b>DBL</b>	Extra portion entrée only (not dbl meal): malnutrition, cancer cachexia

## Snacks

## Code

<input type="checkbox"/> AM (served at breakfast)	<b>SNB</b>	1 whole sandwich (includes 2 oz protein) + 1 svg fruit
<input type="checkbox"/> PM (served at lunch)	<b>SNL</b>	1 whole sandwich (includes 2 oz protein) + 1 svg fruit
<input type="checkbox"/> HS (served at dinner)	<b>SND</b>	1 whole sandwich (includes 2 oz protein) + 1 svg fruit
<input type="checkbox"/> AM/PM/HS (served TID)	<b>SNBLD</b>	1 whole sandwich + 1 svg fruit for each snack
<input type="checkbox"/> Diabetic Snack (served at dinner)	<b>DBSN</b>	1/2 sandwich + fruit, provides 2 carb-choices: insulin-dependent diabetics
<input type="checkbox"/> Post-Op Snack	<b>PSN</b>	whole sandwich (lean meat only) + fruit + milk: recovery, pregnancy

☐ Other order from MD or RD:

J. Frank NP/Coppe RN

(Medical Staff Signature)

(Print Name)

NP/ RN

(Title)

2/24/23

(Date)



## OREGON DEPARTMENT OF CORRECTIONS

## PHYSICIAN'S ORDERS

NAME: Luis-Hernandez, Modesto DATE & TIME \_\_\_\_\_ INST. \_\_\_\_\_ DNS ☐# 21941529ALLERGIES: NKDA

SEND DUPLICATE TO PHARMACY

NAME: Luis-Hernandez, Modesto DATE & TIME \_\_\_\_\_ INST. \_\_\_\_\_ DNS ☐# 21941529ALLERGIES: NKDA

SEND DUPLICATE TO PHARMACY

NAME: Luis-Hernandez, Modesto DATE & TIME 7/3/23 1500 INST. SCU DNS ☐# 21941529

LUIS-HERNANDEZ, MODEST SID: 21941529  
 TERBINAFINE- (GEN.LAMISIL) 1% 30GM CRM  
 APPLY TO LEFT FLANK TWICE DAILY -  
 OK IN CELL

START: 07/03/23

STOP: 09/30/23

Revised OS - (L) inguinal hernia 1/0 or  
 and/or  
 Betadine cleanse to lower (L) torso x 14 days  
 1/0 x 1  
 Flv after ultrasound 13 April.

ALLERGIES: NKDA

SEND DUPLICATE TO PHARMACY

NAME: Luis-Hernandez, Modesto DATE & TIME 6.14.23 900 INST. SCU DNS ☐# 21941529

Flv 2wks (L) to wound  
 CB when culture avail.

ALLERGIES: NKDA

SEND DUPLICATE TO PHARMACY

All orders for schedule II and III medication will be automatically stopped in 72 hours.

CD 497H (2/93)



## OREGON DEPARTMENT OF CORRECTIONS

## PHYSICIAN'S ORDERS

NAME: LUIS-Hernandez, M DATE & TIME 6/10/23 INST. 324 DNS ☐  
 # 21941529

Wound culture to lab  
 Rocephin 1gm IM repeated today  
 Wound ✓ @ me weds.

ALLERGIES:

SEND DUPLICATE TO PHARMACY

NAME: LUIS-Hernandez, M DATE & TIME 6/6/23 2020 INST. seal DNS ☐  
 # 21941529

Not 6/8/23  
 6/8/23  
 Rocephin 1gm inj x 1 now  
 Plu r me Saturday for wound / Int ✓  
 Start DOXY 100 BID x 10 days  
 Will need 2nd Rocephin cont Saturday for wound culture  
 Frank NP / RSC -  
 LUIS-HERNANDEZ, MODEST SID: 21941529  
 DOXYCYCLINE MONO 100MG CAP (VIBRAMY)  
 TAKE 1 CAPSULE ORALLY TWICE DAILY TIME(S) 10  
 DAYS (DISPENSED FROM STOCK) (FILL IN BLANK  
 CARD USED) - OK IN CELL  
 START: 06/08/23 STOP: 06/17/23  
 LUIS-HERNANDEZ, MODEST SID: 21941529  
 SMZ/TMP DS (GEN. SEPTA DS) 800/160MG  
 DC'ED MED - 1743642-1  
 START: 06/06/23 DC Date: 06/08/2023

SEND DUPLICATE TO PHARMACY

NAME: LUIS-Hernandez, M DATE & TIME 6/10/23 INST. 324 DNS ☐  
 # 21941529

Re: Injured shoulder  
 Septa DS 2 tabs BID x 10 days  
 Frank NP / RSC -  
 LUIS-HERNANDEZ, MODEST SID: 21941529  
 DOXYCYCLINE MONO 100MG CAP (VIBRAMY)  
 TAKE 1 CAPSULE ORALLY TWICE DAILY TIME(S) 10  
 DAYS (DISPENSED FROM STOCK) (FILL IN BLANK  
 CARD USED) - OK IN CELL  
 START: 06/08/23 STOP: 06/17/23  
 LUIS-HERNANDEZ, MODEST SID: 21941529  
 SMZ/TMP DS (GEN. SEPTA DS) 800/160MG  
 DC'ED MED - 1743642-1  
 START: 06/06/23 DC Date: 06/08/2023

SEND DUPLICATE TO PHARMACY

NAME: LUIS-Hernandez, Modesto DATE & TIME 5/11/23 1600 INST. SKC1 DNS ☐  
 # 21941529

DC light duty - Full duty now  
 No lifting > 50# x 1 yr  
 Plu 3 mos for shoulder pain

ALLERGIES:

SEND DUPLICATE TO PHARMACY

All orders for schedule II and III medication will be automatically stopped in 72 hours.

CD 497H (2/93)



## OREGON DEPARTMENT OF CORRECTIONS

## PHYSICIAN'S ORDERS

NAME: Luis-Hernandez DATE & TIME 4/1/23 1315 INST. SLC DNS ☐  
 #21941529

Reschedule

Noted  
7/2  
4/1/23  
1315

ALLERGIES: NKDA

SEND DUPLICATE TO PHARMACY

NAME: Luis-Hernandez DATE & TIME 2/10/23 920 INST. SLC DNS ☐  
 #21941529

Noted  
7/2  
4/1/23  
1315

DC forced diet

ALLERGIES: NKDA

SEND DUPLICATE TO PHARMACY

NAME: Luis-Hernandez DATE & TIME 2/14/23 1300 INST. SLC DNS ☐  
 #21941529

forced diet & lemons

ALLERGIES: NKDA

SEND DUPLICATE TO PHARMACY

NAME: Luis-Hernandez DATE & TIME 2/17/23 1430 INST. SLC DNS ☐  
 #21941529

X ray Lumbar & @ hip

Noted  
7/2  
4/1/23  
1430

A Wilson RN / Frank FAP

ALLERGIES: NKDA

SEND DUPLICATE TO PHARMACY

All orders for schedule II and III medication will be automatically stopped in 72 hours.

CD 497H (2/93)



## OREGON DEPARTMENT OF CORRECTIONS

## PHYSICIAN'S ORDERS

NAME: DATE & TIME 2/16/23 INST. SCL DNS ☐

# Luis-Hernandez, modesto

21941529 Transcribed from pink sheet:

Recommend wall crawls, table slides, doorway struts, towel stretch. Hold 10 seconds each. Repeat 10 times, 4x/day. Strength training as toll follows using resistance bands: shoulder V, I, ABD, ADD, IR, ER, rows, bicep curls, 3 sets of 10 reps each, 2x/day for in 3-4 wks. Stephens/B. Branda

ALLERGIES: N/A

True: FNP

SEND DUPLICATE TO PHARMACY

NAME: DATE & TIME 2/17/23 INST. SCL DNS ☐

# Luis-Hernandez, modesto

21941529

Xray @ shoulder

PT eval & Tx recent SCL  
Repair @ shoulder

ALLERGIES: N/A

SEND DUPLICATE TO PHARMACY

NAME: DATE & TIME 1/21/23 1700 INST. SCL DNS ☐

# Luis-Hernandez, modesto

21941529

H duty &amp; performing pulling/lifting &gt; 20#

x 1yr

BB x 1 yr @ shoulder injury/repair

14096, AgPATC 1yr

ALLERGIES: N/A

SEND DUPLICATE TO PHARMACY

NAME: DATE & TIME 1/4/23 1700 INST. SCL DNS ☐

# Luis-Hernandez, modesto

21941529

14096, 290, PSA, AgPATC prior

to wake 1/23/23

to scheduler

ALLERGIES: N/A

SEND DUPLICATE TO PHARMACY

All orders for schedule II and III medication will be automatically stopped in 72 hours.

CD 497H (2/93)



## OREGON DEPARTMENT OF CORRECTIONS

## PHYSICIAN'S ORDERS

NAME: Luis Hernandez DATE & TIME \_\_\_\_\_ INST. \_\_\_\_\_ DNS ☐# 21941529

LUIS-HERNANDEZ, MODEST SID: 21941529

NAPROXEN (GEN NAPROSYN) 375MG TA

TAKE 1 TABLET ORALLY TWICE DAILY IF NEEDED

FOR FIVE DAYS (FILL IN BLANK CARD USED)

\*\*NURSE PROTOCOL\*\* - OK IN CELL

START: 12/31/22

STOP: 01/04/23

PEN NP / NP FRANK / DOCTOR, 12/31/22NOTED  
12/31/22  
2020ALLERGIES: Nka

SEND DUPLICATE TO PHARMACY

NAME: Luis Hernandez DATE & TIME 12/3/22 INST. ALL DNS ☐# 21941529noted  
S. AndersonOK low back x 3wks, fil seen by  
provider.

Per msg order / Roberts / S. Anderson

ALLERGIES: Nka

SEND DUPLICATE TO PHARMACY

NAME: Luis Hernandez DATE & TIME 11/22/22 INST. CEIC DNS ☐# 21941529

1-D/C Med ISO-INTK Status

2-Med ISO CC X 5D

3- Schedule 5 Day rapid PCR

when CC ID'ed from R&amp;D

VO Dr. Roberts ChunALLERGIES: Nka

SEND DUPLICATE TO PHARMACY

NAME: Luis Hernandez DATE & TIME 11/22/22 INST. CCIC DNS ☐# 21941529

Modesto

MED ISO INTK X 5D

Rapid Covid PCR test Day 0 in R&amp;D

TO. Dr. Roberts Chun

hartshorn

Sign: \_\_\_\_\_  
Date: \_\_\_\_\_  
Time: \_\_\_\_\_ALLERGIES: Nka

SEND DUPLICATE TO PHARMACY

All orders for schedule II and III medication will be automatically stopped in 72 hours.

CD 497H (2/93)



## Oregon Department of Corrections

## Progress Notes

DATE TIME PROB.#

11-22-22	1414	R+D	Patient offered COVID-19 testing. Nasal swab sample collected. BinaxNOW COVID-19 Ag
			Rapid test completed. Result: <u>Negative</u> or Positive <u>[Signature]</u>

Date 11/22/22 Time 1414 Patient identified as close contact of Covid + AIC. Placed on MED ISO CC x 5 days, Scheduled for rapid PCR in 5 days. Scheduled for RICK checks Monday, Wednesday, Friday. Signature [Signature]

Date: 11/27/22 Patient offered COVID-19 testing. Nasal swab sample collected. Abbot ID NOW Rapid PCR  
 Time: 0936 Rapid Test Completed. Result: Negative or Positive [Signature]  
 (Nurse Signature)

12/3/22	1000	Sick	Sp 9/2 @ shoulder surgery 7/2022, brings document Limited ROM, Also 9/2 knee pain.
12/6/22	1300	Sick	App OK bottom bunk til seen by provider. - S, Anderson Patient seen for sick call L shoulder pain/leg pain. Full ROM noted. Patient advised that a provider would determine if the patient meets the requirements for low bunk. Patient advised if condition changes or worsens to notify medical, Patient verbalized understanding. K. Hoke

Allergy

N/A

LUIS-HERNANDEZ, MODESTO  
 21941529  
 07/24/1969



Oregon Department of Corrections

## Progress Notes

[illegible]A graph is plotted on a sheet of lined paper. The graph consists of a single curve that starts at the top left and slopes downward to the bottom right. The curve is smooth and appears to be a straight line with a negative slope. The grid lines are evenly spaced, and the curve passes through several of them. The curve starts at the top left and slopes downward to the bottom right.

Allergy\_\_\_\_\_

LUIS-HERNANDEZ, MODESTO  
21941529  
07/24/1969



## Oregon Department of Corrections

## Progress Notes

DATE TIME PROB.#

12/12/22	1330	C2	S: I HAVE THIS PAIN IN MY STOMACH SINCE I TRANSFERRED HERE. O: ALEX 3, MAM, C/O (L) SIDED ABD PAIN X 10 DAYS SINCE XFN TO SPC1, STATES WAS CLAMPED SITTING IN BUS X 70, NOW MUSCLE PAIN TO ABD. ON INSPECTION BELLY SOFT/OBESER (+BS X 4, BM WNL, URINATING 5 DIFF, (+) APPETITE, 0 NIVID, BETTER 0 OTC PAIN RELIEVERS, WORSE 0 ACTIVITY A: AIT IN COMFORT P: NAPROXEN PEN NP, REST, AVOID ACTIVITIES THAT AGGRAVATE, PT. VLN + ADDRESS 2 POC JOURNAL AIT
1/16/23	1920	NPO	NPO INSTRUCTIONS GIVEN — VLN
1/20/23	0710	CM	SRC-9115 NAME Labs drawn HAC — KRA
1/31/23	1321	C-2	(S) "I had surgery to my left shoulder. I already have the order for BB, I was wanting to see if I can see the Physical Therapist for my shoulder" A: AIC in clinic, steady gait, states "L shoulder hurts at times, no redness, bruising is obvious deformity noted Full ROM noted, Grips equal/stre. A: AIT in comfort / Heels socks. P: will schedule CR asking Sir, PT consult, AIC VLN agrees to POC in further consult verbalized — VLN
2/6/23	1340	CM	3v Lt Shoulder X-ray Completed KRA

Allergy \_\_\_\_\_

NAI  
SID  
DOILUIS-HERNANDEZ, MODESTO  
21941529  
07/24/1969



## Oregon Department of Corrections

## Progress Notes

DATE TIME PROB.#

Coffee Creek Intake Center Chart Review		Transfer OUT	
Pt. Name	LUIS HERNANDEZ, MODESTO		SID 21941529
1. Patient stable for transport?	Yes / No	Current health concerns:	Search chart
2. Date of last PPD:	11/25/22	Results (mm):	0
If PPD positive, Chest X-ray Date:		Chest X-ray Results:	
3. Date Intake Physical Completed:	NO	Date Dental Intake Completed:	NO
4. List Major Diagnoses or Chronic Diseases:			
5. Are Major Diagnoses current and accurate?	Yes / No	Are DOC-400 Major Diagnosis code(s) current and accurate?	Yes / No
6. Hep A/B vaccine started?	Yes / No	Date of Last Hep A/B vaccine:	
7. Influenza Vaccination?	Yes / No	Date of Influenza Vaccination:	
8. COVID 19 Vaccine?	Yes / No	Date of 1st Vaccination:	07/04/21
COVID 19 Test Results:	Positive / Negative	Date:	12/19/22
9. List ALL prescribed Medications:			
a. MAR(s) pulled?	Yes / No	b. ALL meds (including overflow) pulled?	Yes / No
c. Frequency of Medlines (circle one):	none	QD	BID
10. List ALL pending appts:	see DOC	On BHS Caseload?	Yes / No
11. List disability and/or special equipment/housing needs:	Spanish speaking	Health Status updated & Face Sheet printed?	Yes / No
12. Chart being sent?	Yes / No	Overflow chart (# sent):	
Signed	J. T. Tinnell	Printed Name	Jade Tinnell
		Date	12/20/22
		Time	0340
		CD 1849 Rv 2/5/21	

Medical Chart Review		Transfer IN	
Pt. Name	LUIS HERNANDEZ, MODESTO		SID 21941529
1. Patient medically stable?	Yes / No	Received At	SRU
2. Date of last PPD:	11-22-22	Received From	CCIC
If PPD positive, Date of:	Chest x-ray:	Transfer Date	12/20/22
3. Hep A/B vaccine started?	Unknown	Current health concerns:	
4. Influenza Vaccination?	Yes / No	Results (mm):	0
5. COVID 19 Vaccine?	Yes / No	Chem Profile:	
COVID 19 Test Results:	Positive / Negative	Date:	12/19/22
6. List Major Diagnoses / Chronic Diseases:	No intake exam yet	Date of 2nd Vaccination:	8/27/21
a. Are DOC-400 Major Diagnoses codes current?	Yes / No	Any TB treatment:	
c. Labs current?	Yes / No / NA	Next Hep A/B vaccine:	
7. List ALL prescribed Medications:	N/A	Date of completion:	
a. Did medications arrive?	Yes / No	Refused Influenza Vaccination?	Yes / No
c. MAR(s) reviewed for accuracy and expiration?	Yes / No	Refused COVID 19 Vaccination?	Yes / No
8. Est. Parole Date:	4/14/2032	Major Diagnoses current?	Yes / No
c. Parole meds received?	Yes / No	a. All DOC appointments updated for this facility?	Search chart
9. a. Health Status updated & Face Sheet printed?	Yes / No / NA	d. All Outside appointments updated for this facility?	Yes / No / NA
10. Chart received?	Yes / No	b. Meds placed for NP Medline or KOP?	Yes / No
a. Overflow chart (# received):	0	d. Meds ordered from pharmacy (as needed)?	Yes / No
b. X-rays received?	Yes / No / NA	b. Current orders for Parole medications?	Yes / No / NA
		d. Parole Med Nurse notified?	Yes / No
Signed	Juador	c. BHS referral?	Yes / No
Printed Name	Juador		
Date	12/21/22		
Time	0003		
CD 1843 Rv 2/4/21			

Allergy

None

LUIS-HERNANDEZ, MODESTO  
21941529  
07/24/1969



DATE	TIME	PROB.#
06-07-89	11:00	1
06-07-89	11:00	2
06-07-89	11:00	3
06-07-89	11:00	4
06-07-89	11:00	5
06-07-89	11:00	6
06-07-89	11:00	7
06-07-89	11:00	8
06-07-89	11:00	9
06-07-89	11:00	10
06-07-89	11:00	11
06-07-89	11:00	12
06-07-89	11:00	13
06-07-89	11:00	14
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06-07-89	11:00	98
06-07-89	11:00	99
06-07-89	11:00	100

CD 495H (12-07)







## Oregon Department of Corrections

## Progress Notes

DATE	TIME	PROB.#	
4/17/23	1415	C-2	<p>(L) sided pain starts in low (L) side of back &amp; goes down the back of (L) leg. Usually happens after he walks alot or plays hand ball. Pt had an accident in county had surgery on broken arm but not for leg because it was too late. Hurts alot when he walks in his hip &amp; leg (L) side. It hurts more when it walks/exercise. Why does it hurt, &amp; can you do any xrays to figure out what's wrong? I don't take medication. Because I want them to fix it. And I didn't have any kind of therapy for it. Pain lasts for 1 or 2 days after he massages it hot showers it stops. (L) shoulder also hurts when it's cold outside since he had surgery would like therapy for that.</p> <p>D) Pt has full ROM able to walk w a limp when here. Standing fine w pain.</p> <p>A) alt in comfort.</p> <p>P) Gave static stretches/exercises to do to help. Warm compresses 20 min on/off. Pt refused pain meds he just wants it fixed.</p> <p style="text-align: right;">A. Schuman</p>
2/20/23	1300	C-2	<p>(S) pt called called down to see if therak exercises have been started. pt state that he relieved some ferris but it's not sure if they are per exercise or not. (C) (A) Health. (P) pt to come in 7:45 tomorrow with the ferris to show RN. pt educated on needing to do the exercises when ordered by PT.</p> <p>pt u and agreed to per</p>

Allergy \_\_\_\_\_

N	LUIS-HERNANDEZ, MODESTO
S	21941529
E	07/24/1969



Oregon Department of Corrections

## Progress Notes

DATE TIME PROB.#

2/14/23	1330	CM	faxed pulled diet order to production kcs.
6/6/23	1300	23	I have an infected sample of about 1 1/2" O work in the Kellek of necks & itches
6/7/23	1300	23	Left forearm, 3cm indentation, center red & brown area on the milk does not warm to touch. No draining @ the time. Wound on left
6/8/23	1300	23	Wound check LFA mild edema wrist to elbow. wound erupting from skin. Tender. white head @ edge of wound. Scant dry serum draining. Firm mass approx 1/2 cm below surface skin. VSS. ALT skin. Tpt on area. Cleaned wound, by bandage. Appt. 7 provided AM tomorrow
6/10/23			LFA wound culture on Bacphix - Sept
6/14/23			Wound ✓ culture results in interpret - Flu 24k

SRC-2775

NAME

Allergy

NKDA

LUIS-HERNANDEZ, MODESTO  
21941529  
07/24/1969





Client: SNAKE RIVER CORRECTIONS

LUIS-HERNANDEZ, MODESTO  
DOB: 07/24/1969 53y M  
Dr: FRANK FNP, JOHN JAY  
Mailstop: FAX

Acc: 6-42845  
Req: SRC-2775  
ID : 21941529  
SSN:

Mountain Time  
Coll: 06/10/2023 18:00  
Recd: 06/12/2023 19:52  
Rept: 06/17/2023 13:00  
Hrs Fast: N/A

AEROBIC/ANAEROBIC CULTURE  
SOURCE: LEFT ELBOW  
ANTIBIOTICS: ROCEPHIN

GRAM STAIN  
06/13/2023 11:05 AM  
Many White Blood Cells  
Many Gram Positive Cocci

AA

CULTURE, AEROBIC  
06/13/2023 03:24 PM  
Specimen has been received and plated by Microbiology Lab.

AA

06/14/2023 08:45 AM  
Heavy growth Gram Positive Cocci , Identification to follow.

06/15/2023 08:46 AM  
Gram Positive Cocci identified as Staphylococcus aureus

CULTURE, ANAEROBIC  
06/13/2023 12:00 PM  
Specimen has been received and plated by Microbiology Lab.  
Negative results for anaerobic cultures are reported after  
4 (four) days of incubation. Positive results will be reported  
as soon as they become available.

AA

06/17/2023 10:00 AM  
No anaerobic growth after 4 (four) days incubation.

SUSCEPTIBILITY/MIC # 1 Staphylococcus aureus

SUSCEPTIBLE	ug/mL	INTERMEDIATE	ug/mL	RESISTANT	ug/mL
OXACILLIN	<=0.25			CIPROFLOXACIN	>=8
GENTAMICIN	<=0.5			LEVOFLOXACIN	4
ERYTHROMYCIN	<=0.25			SMX	160
CLINDAMYCIN	0.25				
LINEZOLID	2				
DAPTOMYCIN	0.25				
VANCOMYCIN	<=0.5				
DOXYCYCLINE	<=0.5				
TETRACYCLINE	<=1				
RIFAMPIN (RIFAMPICIN)	<=0.5				
AMOX/CLAV ACID					
AMPICILLN/SULBACT					
PIPERACILLIN/ TAZOBACTAM					
IMIPENEM					

started + rocephin 1m x 2

Resistant 2.1.3

(continued on the next page)





Client: SNAKE RIVER CORRECTIONS

LUIS-HERNANDEZ, MODESTO  
DOB: 07/24/1969 53y M  
Dr: FRANK FNP, JOHN JAY  
Mailstop: FAX

Acc# 6-42845  
Req# SRC-2775  
ID # 21941529  
SSN:

Mountain Time  
Coll: 06/10/2023 18:00  
Recd: 06/12/2023 19:52  
Rept: 06/17/2023 13:00  
Hrs Fast: N/A

AZITHROMYCIN  
CLARITHROMYCIN  
MINOCYCLINE

Performing Laboratory Legend

-----  
IP PENDLETON 1  
2460 SW Perkins Ave  
PENDLETON, OR 97801  
(541) 278-4730  
Report Code: AA

THIS IS A COMPLETED REPORT





STATE OF OREGON DEPARTMENT OF  
CORRECTIONS

Health Services

ABBOTT ID NOW Rapid Covid-19 PCR Test  
Results



NEGATIVE



POSITIVE

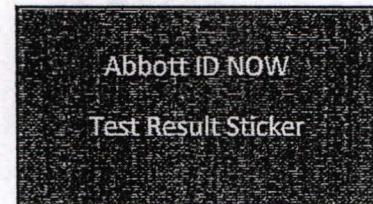
Lot No. 1083372

Expiration Date: 2023-04-19

Completed By: Laura Crawford, LPN

Date: 12/01/2022

Time: 15:29



Nam	<b>21941529</b>
SID:	<b>Luis-Hernandez, Modesto</b>
DOB:	<b>B117</b> <i>114 A</i>



The Roche e801 PSA electrochemiluminescent immunoassay is the test methodology used. Results obtained with different assay methods or kits cannot be used interchangeably. The Roche e801 PSA method is approved for use as an aid in the detection of prostate cancer when used in conjunction with a digital rectal exam in men age 50 and older. The Roche e801 PSA is also indicated for the serial measurement of PSA to aid in the prognosis and management of prostate cancer patients. Elevated PSA concentrations can only suggest the presence of prostate cancer until biopsy is performed. PSA concentrations can also be elevated in benign prostatic hyperplasia or inflammatory conditions of the prostate. PSA is generally not elevated in healthy men or men with non-prostatic carcinoma.

Biotin in specimens taken from patients on high-dose biotin therapy or supplements may interfere with this test and cause inaccurate test results. It is recommended that for patients receiving therapy with high biotin doses (> 5 mg/day), no laboratory test specimen should be collected until at least 8 hours after the last biotin administration.

## TSH w/FT4 Reflex

LUIS HERNANDEZ, MODESTO 1-77069

TEST	VALUE	REF. RANGE	UNITS	LC	TEST	VALUE	REF. RANGE	UNITS	LC
TSH w/FT4 Reflex	2.780	0.270-4.20	uIU/ml	AA					

Biotin in specimens taken from patients on high-dose biotin therapy or supplements may interfere with this test and cause inaccurate test results. It is recommended that for patients receiving therapy with high biotin doses (> 5 mg/day), no laboratory test specimen should be collected until at least 8 hours after the last biotin administration.

## CBC w/ANC

LUIS HERNANDEZ, MODESTO 1-77069

TEST	VALUE	REF. RANGE	UNITS	LC	TEST	VALUE	REF. RANGE	UNITS	LC
WBC	5.2	3.6-11.0	K/uI	AA	MCV	84.7	81-99	fl	AA
RBC	4.82	4.3-5.7	M/uI	AA	RDW	13.3	10.5-15.0	%	AA
HEMOGLOBIN	13.8	13.5-18.0	g/dl	AA	MCH	29	27-33	pg	AA
<b>HEMATOCRIT</b>	<b>40.8 L</b>	<b>41-50</b>	<b>%</b>	<b>AA</b>	MCHC	34	30-36	g/dL	AA
PLATELET COUNT	210	140-440	K/uI	AA					
NEUTROPHILS	55.1	39-80	%	AA	EOSINOPHILS	1.9	0-6	%	AA
BANDS	0	0-7	%	AA	BASOPHILS	1.0	0-2	%	AA
LYMPHOCYTES	29.7	24-44	%	AA	OTHER	0	0	%	AA
<b>MONOCYTES</b>	<b>12.3 H</b>	<b>0-12</b>	<b>%</b>	<b>AA</b>					
NEUT, ABSOLUTE	2.87	2.0-6.9	K/uI	AA	EOS, ABSOLUTE	0.10	0.0-0.7	K/uI	AA
BAND, ABSOLUTE	0.00	0.0-0.6	K/uI	AA	BASO, ABSOLUTE	0.05	0.0-0.2	K/uI	AA
LYMPH, ABSOLUTE	1.54	0.6-3.4	K/uI	AA	OTHER, ABSOLUTE	0.00	0.0		AA
MONO, ABSOLUTE	0.64	0.0-1.1	K/uI	AA					

## LABORATORY TESTING WORK CENTER CODES

AA

IP PENDLETON 1  
2460 SW Perkins Ave  
PO BOX 1208  
PENDLETON, OR 97801  
(541) 278-4730

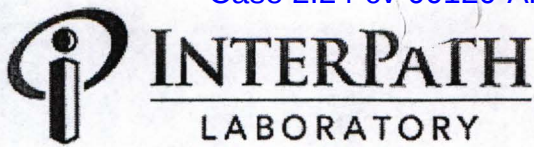
LUIS HERNANDEZ, MODESTO

THIS IS A COMPLETED REPORT

1-77069

40.84  
JAN 25 2023





(800) 700-6891  
BEND (541) 385-1837  
BOISE (208) 375-2350  
PENDLETON (541) 278-4730  
SEATTLE (206) 623-3814

Patient Name: **LUIS HERNANDEZ, MODESTO**  
DOB: Jul 24, 1969 53y M  
Dr: FRANK  
Mail stop: FAX

Accession: 1-77069  
Request: SRC-9115  
ID: 21941529  
SSN:

Client: SNAKE RIVER CORRECTIONS  
Collected: Jan 20, 2023 N/G  
Accessioned: Jan 20, 2023 13:00 MST  
Completed: Jan 21, 2023 07:00 MST  
Hrs Fast: 9.00

## THIS IS A COMPLETED REPORT

## LIPID PANEL

TEST	VALUE	REF. RANGE	UNITS	LC	TEST	VALUE	REF. RANGE	UNITS	LC
CHOLESTEROL	202 H	OPT: <200	mg/dL	AA	VLDL	25	4-40	mg/dL	AA
TRIGLYCERIDES	127	30-150	mg/dL	AA	CHOL/HDL	4.2	OPT: <4.97	AA	AA
HDL	47.9	OPT: >40	mg/dL	AA	NON-HDL CHOL	154 H	OPT: <130	mg/dL	AA
LDL	129 H	OPT: <100	mg/dL	AA					

LUIS HERNANDEZ, MODESTO 1-77069

## COMPREHENSIVE METABOLIC PANEL

TEST	VALUE	REF. RANGE	UNITS	LC	TEST	VALUE	REF. RANGE	UNITS	LC
SODIUM	140	132-143	meq/L	AA	CARBON DIOXIDE	25	19-31	meq/L	AA
POTASSIUM	4.3	3.6-5.1	meq/L	AA	ANION GAP	15.3	7-21		AA
CHLORIDE	104	95-112	meq/L	AA					
GLUCOSE	94	70-100	mg/dL	AA	GFR ESTIMATION	76		ml/min	AA
UREA NITROGEN	13	6-23	mg/dL	AA	BUN/CREAT.RATIO	12.6	6.0-28.6		AA
CREATININE, SERUM	1.03	0.70-1.33	mg/dL	AA	CALCIUM	9.1	8.5-10.3	mg/dL	AA
AST(SGOT)	21	13-39	U/L	AA	PROTEIN	7.3	6.0-8.3	g/dL	AA
ALT(SGPT)	27	7-52	U/L	AA	ALBUMIN	4.4	3.5-5.0	g/dl	AA
ALKALINE PHOS	97	31-120	U/L	AA	GLOBULIN	2.9	1.8-3.5	g/dl	AA
BILIRUBIN, TOTAL	0.4	0.0-1.2	mg/dL	AA	A/G RATIO	1.5	1.1-2.4		AA

LUIS HERNANDEZ, MODESTO 1-77069

## ESTIMATED GFR Reference Range:

GFR = Greater than or equal to 90: Kidney damage with normal or increased GFR.  
GFR = 60-89: Kidney damage with mild decreased GFR.  
GFR = 30-59: Moderate decreased GFR.  
GFR = 15-29: Severe decreased GFR.  
GFR = Less than 15: Kidney Failure.

GFR = Less than 60: Chronic Kidney Disease, if found over a 3 month period.

For African Americans, multiply the calculated GFR by 1.21.

GFR calculation is not valid for patients under age 18 years.

For patients over age 70 please interpret results with caution as results have not been validated for this calculation method.

Please Note: Estimated GFR reference range change as of 10/18/2021.

## HEMOGLOBIN A1C PANEL

TEST	VALUE	REF. RANGE	UNITS	LC	TEST	VALUE	REF. RANGE	UNITS	LC
HEMOGLOBIN A1C	6.2		%	AA	EST AVG GLUCOSE	131		mg/dL	AA

LUIS HERNANDEZ, MODESTO 1-77069

## Reference Range for HEMOGLOBIN A1c:

Non-Diabetic <5.7%  
Increased Risk for Diabetes 5.7% - 6.4%  
Diagnostic for Diabetes >6.4  
Diabetic Goal <7.0%

These values are for non-pregnant individuals according to the American Diabetes Association. 'Diabetes Care. 2010;33(suppl):S15-S61.'

Hb A1C results may be falsely decreased in the presence of conditions that shorten red cell survival such as the presence of unstable hemoglobins or hemolytic anemia. Results may be falsely elevated in the presence of Iron deficiency anemia.

AC-FAX  
JAN 25 2023  
1/27 apt

## PSA, ULTRASENS

TEST	VALUE	REF. RANGE	UNITS	LC	TEST	VALUE	REF. RANGE	UNITS	LC
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LUIS HERNANDEZ, MODESTO 1-77069

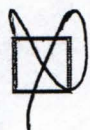




**STATE OF OREGON DEPARTMENT OF  
CORRECTIONS**

**Health Services**

**ABBOTT ID NOW Rapid Covid-19 PCR Test  
Results**



**NEGATIVE**



**POSITIVE**

**Lot No.** 1084513

**Expiration Date:** 2023-04/29

**Completed By:** M. Brugger RN, BSN

**Date:** 12/29/2022

**Time:** 1:00

**COVID-19 Test**

Patient ID: 21941529  
Date: 29/Dec/2022  
Time: 11:00am

COVID-19: Negative  
Procedural control valid

Lot number: 1084513  
Test ID: 4575cf56-6f3a-48  
3f-8ec9-0bacca944416  
User ID: admin  
Instrument serial number: C2DA401D

**ID NOW**

**Nam**

**SID:** LUIS-HERNANDEZ, MODESTO  
21941529

**DOI** 07/24/1969





STATE OF OREGON DEPARTMENT OF  
CORRECTIONS

Health Services

ABBOTT ID NOW Rapid Covid-19 PCR Test  
Results



NEGATIVE



POSITIVE

Lot No. 1084513

Expiration Date: 2023-04-29

Completed By: M. Brugger RN

Date: 12/26/2022

Time: 1415

COVID-19 Test

Patient ID: 21941529  
Date: 26/Dec/2022  
Time: 3:09pm

COVID-19: Negative  
Procedural control valid

Lot number: 1084513  
Test ID: cd25dbed-8a7c-48  
58-8e48-d88d64b0af96  
User ID: admin  
Instrument serial number: 08C9401D

ID NOW

LUIS-HERNANDEZ, MODESTO  
21941529  
07/24/1969





# STATE OF OREGON DEPARTMENT OF CORRECTIONS

## Health Services

### ABBOTT ID NOW Rapid Covid-19 PCR Test Results



**NEGATIVE**



**POSITIVE**

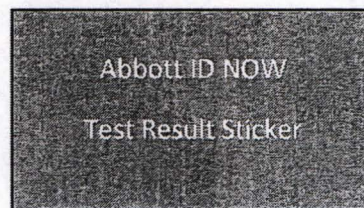
Lot No. 1083372

Expiration Date: 2023-04-19

Completed By: Migda Crawford, LPN

Date: 12/19/2022

Time: 18:04



Name	LUIS-HERNANDEZ, MODESTO	
SID:	21941529	
DOB:	07/24/1969	B109A

*Transport*





STATE OF OREGON DEPARTMENT OF  
CORRECTIONS

Health Services

ABBOTT ID NOW Rapid Covid-19 PCR Test  
Results



NEGATIVE



POSITIVE

Lot No. 1083372

Expiration Date: 4-19-23

Completed By: Christina Hazen LPN

Date: 11-27-22

Time: 0936



LUIS-HERNANDEZ, MODESTO

21941529

07/24/1969

B117B  
CC





STATE OF OREGON DEPARTMENT OF  
CORRECTIONS

Health Services

ABBOTT ID NOW Rapid Covid-19 PCR Test  
Results



NEGATIVE



POSITIVE

Lot No. 1083372

Expiration Date: 4-19-23

Completed By: Christina Hazen (M)

Date: 11-22-22

Time: 1414



LUIS-HERNANDEZ, MODESTO  
21941529  
07/24/1969



Accession: 0223-1529 MRN: 21941529 Name: LUIS-HERNANDEZ, MODESTO 21941529 DOB: 7/24/1969 Age 53 years  
Diagnosis: PAIN DOWN LT LEG



---

Name:	LUIS-HERNANDEZ, MODESTO 21941529	Exam Date:	2/23/2023
DOB:	7/24/1969 Age 53 years	Accession:	0223-1529
Gender:	M		
MRN:	21941529	Exam:	XR LUMBAR SACRAL 4 VIEWS OBLIQUES
Account #:		Physician:	FRANK, FNP, JOHN
Consulting Physicians:		Fax#:	15418814946

---

EXAM: Lumbar spine series with obliques are

HISTORY: Pain radiating to the left leg.

COMPARISON: None

VIEWS: AP lateral, bilateral oblique, oblique and coned-down views of the lumbosacral junction

FINDINGS:

Subtle levoscoliosis versus postural effects.  
Normal lumbar lordosis.  
Maintained lumbar vertebral body stature and disc spacing.  
The bones are intact and well mineralized.  
No significant facet arthropathy.  
Well corticated sacroiliac joints.

IMPRESSION:

No notable degenerative changes seen within the lumbar spine.

① J 3/2/23

Dictated By: GAMBINO, JOHN

Signed By: GAMBINO, JOHN

Signed On: 2/24/2023 10:39 AM

---



Accession: 0223-1529 MRN: 21941529 Name: LUIS-HERNANDEZ, MODESTO 21941529 DOB: 7/24/1969 Age 53 years  
 Diagnosis: PAIN DOWN LT LEG



<b>Name:</b>	<b>LUIS-HERNANDEZ, MODESTO</b>	<b>Exam Date:</b>	2/23/2023
	<b>21941529</b>		
<b>DOB:</b>	7/24/1969 Age 53 years	<b>Accession:</b>	0223-1529
<b>Gender:</b>	M		
<b>MRN:</b>	21941529	<b>Exam:</b>	XR HIP UNILAT MIN 2-3V W/PELVIS LT
<b>Account #:</b>		<b>Physician:</b>	FRANK, FNP, JOHN
<b>Consulting Physicians:</b>		<b>Fax#:</b>	15418814946

EXAM: AP view of the pelvis with the hips in neutral position and coned-down abducted view of the left hip

HISTORY: Pain radiating to the left leg.

COMPARISON: None

**FINDINGS:**

The pelvis looks intact and well mineralized.

The pubic symphysis and sacroiliac joints are not widened.

The femoral heads are normal in shape and position with symmetric joint spacing.

**IMPRESSION:**

No bony abnormalities demonstrated within the pelvis or left hip.

⊙ J 3/2/23

**Dictated By:** GAMBINO, JOHN

**Signed By:** GAMBINO, JOHN

**Signed On:** 2/24/2023 10:37 AM

**Patent Radiology**

1515 University Way, Clackamas, OR 97015  
 PH: 503-644-0042 FAX: 503-644-0055

This transmission is privileged and confidential information for use by the healthcare provider. If you are not that party you are in possession of confidential information and property to which you are not authorized to disclose. Please notify the sender and destroy this transmission.



Accession: 0206-1529 MRN: 21941529 Name: LUIS-HERNANDEZ, MODESTO 21941529 DOB: 7/24/1969 Age 53 years  
Diagnosis: SURGICAL REPAIR, STILL HAVING PAIN



---

<b>Name:</b>	<b>LUIS-HERNANDEZ, MODESTO</b> <b>21941529</b>	<b>Exam Date:</b>	2/6/2023
<b>DOB:</b>	7/24/1969 Age 53 years	<b>Accession:</b>	0206-1529
<b>Gender:</b>	M		
<b>MRN:</b>	21941529	<b>Exam:</b>	XR SHOULDER MIN 2V COMPLETE LT
<b>Account #:</b>		<b>Physician:</b>	FRANK, FNP, JOHN
<b>Consulting Physicians:</b>		<b>Fax#:</b>	15418814946

---

EXAM: Left Shoulder Series

HISTORY: Previous shoulder repair. Still painful.

COMPARISON: None

VIEWS: AP internal / external I & Transcapular Views

**FINDINGS:**

The bones look intact and well mineralized.

Adequate internal and external rotation of the humeral head.

The acromioclavicular and coracoclavicular distances are maintained. Mild superior hypertrophy of the distal clavicle at the acromioclavicular joint.

No regional heterotopic ossifications.

Glenohumeral jointspacing within normal limits.

**IMPRESSION:**

Mild hypertrophic changes at the acromioclavicular joint.

A handwritten signature in black ink, appearing to read "J Gambino", is written over a horizontal line.

---

**Dictated By:** GAMBINO, JOHN

**Signed By:** GAMBINO, JOHN

**Signed On:** 2/7/2023 10:00 AM

---



Institution CCLC

# Oregon Department of Corrections Tuberculosis Screening Flow Sheet

Cough > 3 wks, coughing up blood or blood-stained mucus  
 Unexplained Wt. Loss > 10 lbs  
 Unexplained fever, chills, night sweats > 3 wks  
 AIDs/Known HIV +  
 Other Immuno-compromised (e.g. Corticosteroid use) > 3 mos  
 Current Cancer Dx &/or Chemotherapy  
 Current Immunosuppressant or Biological Rx  
 Known recent contact of someone with TB?  
 (Signature) [Signature] Date 11/22/22

yes/no  
 yes/no  
 yes/no  
 yes/no  
 yes/no  
 yes/no  
 yes/no  
 yes/no

Known past + PPD  
 What Year? AD

LTBI Tx: (circle) Yes or No  
 Date completed: \_\_\_\_\_

Yes  
 Old records confirmed \_\_\_\_\_

Yes  
 Annual screening, signs and symptom review:  
 (circle) yes/no  
 (Signature): \_\_\_\_\_

Place PPD, initiate TST#1, then refer to TB Coordinator

TST #1 Aplisol \_\_\_\_\_ Tubersol X  
 Lot# C5928AA Exp. Date 01 Mar 2024  
 Placement Date 11/22 Signature [Signature]  
 Reading Date 11/23/22 Signature S. Anderson  
 \_\_\_\_\_ mm induration  
 (Reading 48 to 72 hours) if reaction present, a second read by another nurse is needed

Second reading:  
 Date \_\_\_\_\_ Signature \_\_\_\_\_  
 \_\_\_\_\_ mm induration  
 If readings differ, refer to the TB Coordinator (check box) ☐  
 TB Coordinator Signature: \_\_\_\_\_

If (+) PPD:  
 CXR  
 Lab\*  
 Confirm Hx of TB  
 Tx Dates

\*Labs: CBC, CMP, HBsAG/AB, HIV, HCV-Ab

Refer to TB Coordinator

Hx of (+) PPD and BCG:  
 T-SPOT (circle) Yes/NO

TST #2 Aplisol \_\_\_\_\_ Tubersol \_\_\_\_\_  
 Lot# \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Placement Date \_\_\_\_\_ Signature \_\_\_\_\_  
 Reading Date \_\_\_\_\_ Signature \_\_\_\_\_  
 \_\_\_\_\_ mm induration  
 (Reading 48 to 72 hours) if reaction present, a second read by another nurse is needed

Second reading:  
 Date \_\_\_\_\_  
 Signature \_\_\_\_\_  
 \_\_\_\_\_ mm induration  
 If readings differ, refer to the TB Coordinator (check box) ☐  
 TB Coordinator Signature: \_\_\_\_\_

<5 mm  
 No  
 Recent known close contact with active TB case  
 Rescreen in 1 year

5-9 mm  
 No  
 Suspected HIV infection  
 Retest in 2 months

≥10 mm  
 Yes  
 Rescreen in 1 year

<10 mm  
 Rescreen in 1 year

≥10 mm  
 TB Coordinator consult appt.

Re-ask all questions, refer to TB coordinator and provider, CXR, abs\*, TBI tx if Active TB is ruled out by provider

LUIS-HERNANDEZ, MODESTO  
 21941529  
 07/24/1969

Month/year: 11/2022 CD#1110H Rev. 11/2019



**Staff:**

Nurses:				2023		
Initials	Name:	Signature:	Initials:	Name:	Signature:	
	Andero, C.			Martinez, N.		
VB	Bagha, V.	VB	VB	Monaghan, J.		
SB	Baxter, S.	S.B. Baxter RN	SB	Muto, J.		
KB	Brotherson, K.	KB Brotherson	KB	Navarrete, A.		
B	Brugger, M.	B Brugger	B	Nicholson, D.		
LC	Cagle, L.	LC Cagle	LC	Ochoa, J.		
S	Campbell, S.	S Campbell	S	Piekarz, M.		
	Carnig, T.			Potter, K.		
	Emery, A.			Purdy, T.		
	Fisher, T.			Reutzel, R.		
PF	Fritts, P.	PF Fritts RN	PF	Rick, M.		
A	Garcia, E.	A Garcia	A	Robinson, A.		
AG	Gibbons, A.	AG Gibbons	AG	Rodriguez, I.		
RG	Greenewald, R.	RG Greenewald	RG	Saito, J.		
J	Jones, T.	J Jones	J	Sanchez, M.		
JR	Jurado, J.	JR Jurado	JR	Soppe, C.		
JK	Kelley, J.	JK Kelley	JK	Strowd, B.		
KL	Killion, L.	KL Killion	KL	VanNess, B.		
CK	Kimball, C.	CK Kimball	CK	Vickers, T.		
LM	LeMaster, C.	LM LeMaster	LM	Ward, C.		
L	Lopez, K.	L Lopez	L	Williams, J.		
V	Luna, V.	V Luna	V			

**Provider:**

Initials	Name:	Signature:	Initials:	Name	Signature
MC	Cushing, M.	MC Cushing	MC	Hartley, L.	
AC	Clements, A.	AC Clements	AC	Hemphill, B.	
FK	Flash, K.	FK Flash	FK	Siegersma, W.	
JF	Frank, J.	JF Frank	JF		
GL	Gulick, G.	GL Gulick	GL		

**Pharmacy Tech:**

Initials	Name:	Signature:	Initials:	Name	Signature
EB	Bertrand, E.	EB Bertrand	EB	Points, R.	

**Management:**

Initials	Name:	Signature:	Initials:	Name	Signature
JB	Bradford, J.	JB Bradford	JB	Price, L.	
JK	Keller, L.	JK Keller	JK	Warden, J.	

**Other:**

Initials	Name:	Signature:	Initials:	Name	Signature



## MEDICATION ADMINISTRATION RECORD

[illegible]

The following symbols will be used to indicate medication administration practices:

- Initials----- Dose was administered as ordered
- Diagonal Line ----- No dose is scheduled
- Circled Initials----- Dose was prepared but patient refused

- X-----No medication available
- Blank -----No show
- Circled R -----Patient Refused

ALLERGIES	Drug Regimen Reviewed For Federal Requirements	DATE ADMITTED / /
	ROOM NUMBER	LUIS-HERNANDEZ, MODESTO 21941529 07/24/2000



Modes to Luis - Hernandez 21941529



## SHOULDER

Created by Cody Stephens Feb 17th, 2023  
View at my-exercise-code.com using code: GSFSPCE



Total 12 Page 1 of 2

1



### WALL WALK

Place your affected hand on the wall with the palm facing the wall. Next, walk your fingers up the wall towards overhead. Lastly, slide your hand back down the wall to the starting position.

Repeat 10 Times  
Hold 10 Seconds  
Complete 1 Set  
Perform 4 Times a Day

4



### INTERNAL ROTATION TOWEL STRETCH - IR TOWEL

Gently pull up your affected arm behind your back with the assist of a towel. Hold this as a stretch, then lower back down and repeat.

Repeat 10 Times  
Hold 10 Seconds  
Complete 1 Set  
Perform 4 Times a Day

2



### TABLE SLIDE - SCAPTION

Sitting in a chair and rest your injured arm on a table. Gently slide it forward and to the side by leaning in that direction. Move at approximately 45 degree angle and then return to starting position and repeat.

Repeat 10 Times  
Hold 10 Seconds  
Complete 1 Set  
Perform 4 Times a Day

5



### ELASTIC BAND SHOULDER FLEXION

While holding an elastic band at your side, draw up your arm up in front of you keeping your elbow straight.

Repeat 10 Times  
Hold 1 Second  
Complete 3 Sets  
Perform 2 Times a Day

3



### WALL EXTERNAL ROTATION STRETCH - ER

Start by standing in a doorway or at the corner of a wall and place your hand on the wall with your elbow bent as shown. Next, gently turn your body the opposite direction causing your shoulder to externally rotate until a stretch is felt. Hold, return to starting position and repeat.

Repeat 10 Times  
Hold 10 Seconds  
Complete 1 Set  
Perform 4 Times a Day

6



### Shoulder extension w/scap stability

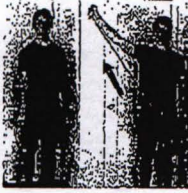
Start position: pull your shoulder blades together and maintain position

End position: while maintaining scapular stability pull your arms into extension against resistance from the band. Slowly return to start position.

Repeat 10 Times  
Complete 3 Sets  
Perform 2 Times a Day



7



### ELASTIC BAND SHOULDER ABDUCTION

While holding an elastic band at your side, draw up your arm to the side keeping your elbow straight.

Repeat 10 Times  
Hold 1 Second  
Complete 3 Sets  
Perform 2 Times a Day

10



### ELASTIC BAND SHOULDER EXTERNAL ROTATION - ER

While holding an elastic band at your side with your elbow bent, start with your hand near your stomach and then pull the band away. Keep your elbow at your side the entire time.

Repeat 10 Times  
Hold 1 Second  
Complete 3 Sets  
Perform 2 Times a Day

8

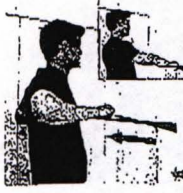


### ELASTIC BAND SHOULDER ADDUCTION

While holding an elastic band away from your side, pull the band towards your side. Keep your elbow straight.

Repeat 10 Times  
Hold 1 Second  
Complete 3 Sets  
Perform 2 Times a Day

11



### ELASTIC BAND ROWS - 90 ABDUCTION

Start by holding an elastic band with both hands and then move your elbows back as you bend your elbows. Keep your upper arms about 90 degrees away from the side of your body. Return to starting position and repeat.

Repeat 10 Times  
Hold 1 Second  
Complete 3 Sets  
Perform 2 Times a Day

9



### ELASTIC BAND SHOULDER INTERNAL ROTATION - IR

While holding an elastic band at your side with your elbow bent, start with your hand away from your stomach, then pull the band towards your stomach. Keep your elbow near your side the entire time.

Repeat 10 Times  
Hold 1 Second  
Complete 3 Sets  
Perform 2 Times a Day

12



### BICEP CURLS

With your arm at your side, bend at your elbow to raise up the free weight / dumbbell. Lower back down and repeat.

Keep your palm face up the entire time.

Repeat 10 Times  
Hold 1 Second  
Complete 3 Sets  
Perform 2 Times a Day



## CDOC REFERRAL / PRECERTIFICATION REQUEST FORM

CHP

Correctional Health Partners

1125 17th St. #1000

Denver, CO 80202

CHP CDOC Medical Management

Phone: 1-866-362-1374 Option 2

Fax: 1-866-362-1375

Date of request: 2/10/2023

## Offender

Last Name Luis Hernandez  
Offender ID 2941529First Name ModestoGender ☒ Male ☐ Female  
Facility SRCIDOB 7/24/1969

Priority Level \_\_\_\_\_

Custody Level 3

## Request

Request Type (check one):

- ☐ Ambulatory Surgery  
☐ DME (Durable Medical Equipment)  
☐ Office Visit  
☐ Other \_\_\_\_\_

- ☐ Inpatient  
☐ Observation  
☒ Therapy (PT/OT/ST/Card Rehab)

- ☐ Pharmacy  
☐ Surgical Assistant (SA)  
☐ Outpatient Diagnostic

## Requesting Provider

Name John Frank FUP  
Phone 541-881-5000Contact \_\_\_\_\_  
Fax 541-881-4928

## Refer to Provider

Name TRICITY PT FRUITLANDPhone 208-452-6366Fax 208-452-6399

Surgical Assist \_\_\_\_\_

Facility \_\_\_\_\_

## Clinical

DOS 2/16/2023ICD-9 1. M75.6 2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

CPT 1. 97162 2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Supporting Medical Information (Criteria for Surgery / DME / What is the provider trying to rule out? / Past tx, history (therapies, etc.) / Test results (radiological evidence, etc.):

PT Consult recent SLAP repair @ shoulderSRCI NURSE 541-881-4982

This precertification is not a guarantee of payment. Coverage will be determined based on medical necessity, eligibility, policy provisions and availability of remaining benefits, at the time of service.



## PROVIDER'S RETURNING INFORMATION

## Diagnosis and Findings:

In 2021 pt slipped & fell tried to catch himself with his  
 (L) arm. Injured (L) shoulder. Dr. C. Torn Labrum  
 underwent labral repair last August. Since then he  
 is doing fairly well, but still has some pain when  
 trying to climb a ladder, and occasionally has a  
 shooting pain down the radial aspect of the arm into the  
 thumb of (L) hand. ROM WFL throughout.

Provider's Recommendations / Orders (Do not mention any specific follow up dates or times to the inmate/patients for security reasons):

Recommend wall crawls, table slides, doorway  
 stretch, towel stretch. Hold 10 seconds each. Repeat  
 10 times, 4x/day. Strengthening as follows using  
 resistance band: Shoulder V, I, ABD, ADD, IR, ER,  
 rows, bicep curls: 3 sets of 10 reps each, 2x/day.  
 F/u in 3-4 weeks.

Community Provider's Signature:



Date:

2/16/23

PLEASE REMEMBER TO SEND/ FAX A COPY OF YOUR WRITTEN REPORT TO THE REFERRING ODOC PHYSICIAN

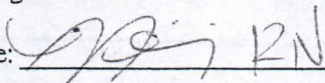
## POST CONSULT DOC COMMENT SECTION (Institution Use Only)

☐ Community Provider Orders Reviewed by Nursing with ODOC Provider for Urgent Needs:

☐ No Urgent Needs

☐ Urgent Needs, Orders Transcribed

ODOC Nursing Signature:

 RN

Date:

2/17/23

Time:

1800

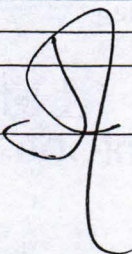
☐ Orders Approved

☐ Orders Denied

☐ To TLC

Comments:

ODOC Provider:



Date:

2/21/23





Departamento de Correcciones de Oregon- Division de Servicios de Salud  
**Formulario de Vacunas para Adultos- Dosis de Refuerzo**  
 Bivalente Moderna COVID-19 Vacuna

El Departamento de Correcciones esta ofreciendo la vacuna para el COVID-19 Moderna, Bivalente para todas personas que son eligible.

He recibido, leído, o me han explicado, y entiendo la información de la hoja provista de la vacuna COVID-19. Por la presente autorizo al Departamento de Correcciones de Oregon que me administre la vacuna de Refuerzo de Moderna para COVID-19, la vacuna Bivalente. El alcance de este consentimiento incluye la administración de la vacuna, discusión con un proveedor medico si se solicita, atención y tratamientos inmediatamente después de la administración según sea necesario.

Dosis de Refuerzo de Moderna Bivalente		Recomendaciones	
Firma	Fecha	<u>Historia de la Vacuna</u>	<u>Siguiente dosis</u>
<input type="checkbox"/> yo doy consentimiento		Serie primaria	Al menos de dos meses 1 bivalente dosis
		Serie primaria + 1 refuerzo	Al menos de dos meses 1 bivalente dosis
		Serie primaria + 2 refuerzos	Al menos de dos meses 1 bivalente dosis

☒ Yo rechazo de recibir la dosis de Refuerzo de Moderna Bivalente para COVID-19

Luis Hernandez 12/26/2022  
 Firma Fecha  
[Signature] M. Brügger  
[Signature] M. Brügger RN, BSN DEC 26 2022  
 Firma de Testigos del Personal (Solamente Rechazo) Fecha

Preguntas de detección médica para vacunas para adultos. Favor de contestar sí o no a las siguientes preguntas. Estas preguntas determinaran si debería recibir vacunación hoy.

Dosis de Moderna para COVID-19					
Se siente enfermo hoy?	Si	No	Mujeres: Está usted o cree que podría estar embarazada?	Si	No
Ha sido atendido con terapia de anticuerpos para COVID-19 en los ultimos 90 dias?	Si	No	Tiene usted cáncer, leucemia, VIH/SIDA, antecedentes de enfermedad autoinmune o cualquier otra condición que debilite el sistema inmune?	Si	No
Ha tenido una reacción alérgica grave o amenazante para la vida, como ronchas, o dificultad para respirar a alguna vacuna o inyección?	Si	No	Toma algún medicamento que afecte su sistema inmune como esteroides, medicamentos contra el cáncer o ha tenido algún tratamiento de radiación?	Si	No
En los ultimos 14 dias a tenido alguna vacuna? (Incluyendo la vacuna contra la gripe)	Si	No			

Debe completar el vacunador:

Moderna 0.50 ml	Dosis de Moderna de Refuerzo		
	Lot #	Exp. Date	VIS
Sitio de Administracion:	L or R deltoid (circle one)		
	Administrator		

After conducting the appropriate patient safety screening for the intended vaccination(s) licensed nursing staff within the DOC are authorized to administer the following vaccinations under the prescriptive authority of the DOC Chief of Medicine, and according to approved DOC population health processes pertaining to the voluntary vaccination of: COVID-19

[Signature]

DOC Chief of Medicine  
 Spanish Version on other side

9/7/2022

Date

LUIS-HERNANDEZ, MODESTO  
 21941529  
 07/24/1969





Oregon Department of Corrections – Health Services Division  
**Adult Vaccine Consent Form Booster Dose**

**COVID-19 Moderna Bivalent Vaccine**

The DOC is offering the COVID-19 Moderna, Bivalent vaccine for all vaccine-eligible persons.

I have received, read, or had explained to me, and understand the COVID-19 vaccine information sheet provided. I hereby authorize Oregon Department of Corrections to administer a Booster Dose of the COVID-19 Moderna, Bivalent vaccine. The scope of this consent includes administration of the vaccine, discussion with a provider if requested, care and treatments immediately after administration as needed.

Booster Dose Moderna Vaccine		Recommendations	
Patient Signature _____	Date _____	<b>Vaccine History</b>	<b>Next Dose</b>
<input type="checkbox"/> I consent		Primary Series	at least 2 months 1 bivalent dose
		Primary Series + 1 booster	at least 2 months 1 bivalent dose
		Primary series + 2 boosters	at least 2 months 1 bivalent dose

☐ I decline the Covid-19 Booster Dose Vaccine

Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff Witness Signature (Refusal Only) \_\_\_\_\_ Date \_\_\_\_\_

Medical screening questions for adult vaccines. Please answer yes/no to the following questions. These questions will be used to determine whether you should be given vaccine today.

Booster Dose Covid 19 Vaccine					
Do you feel sick today?	Yes	No	Women: Are you or do you think you might be pregnant?	Yes	No
Have you been treated with antibody therapy for COVID-19 in the past 90 days?	Yes	No	Do you have cancer, leukemia, HIV/AIDS, history of autoimmune disease or any other conditions that weakens the immune system?	Yes	No
Have you had a serious or life-threatening allergic reaction, such as hives, or difficult breathing to any vaccine or shot?	Yes	No	Do you take any medications that affect your immune system such as steroids, anticancer drugs or have you had any radiation treatments?	Yes	No
Have you had any vaccines in the past 14 days? (Including flu shot)	Yes	No			

To be completed by vaccinator:

Moderna 0.50ml	Booster Dose Moderna		
	Lot #	Exp. Date	VIS
	AS7166B	12/31/2069	Aug 31, 2022
Administration site:	L or R deltoid (circle one) Administrator: _____		

After conducting the appropriate patient safety screening for the intended vaccination(s) licensed nursing staff within the DOC are authorized to administer the following vaccinations under the prescriptive authority of the DOC Chief of Medicine, and according to approved DOC population health processes pertaining to the voluntary vaccination of: COVID-19

*h k* \_\_\_\_\_

DOC Chief of Medicine  
 Spanish Version on other side

9/7/2022  
 Date

LUIS-HERNANDEZ, MODESTO  
 21941529  
 07/24/1969 *3FD5B*

CD# 1978



524

Departamento de Correcciones de Oregon  
NOTIFICACIÓN DE EMERGENCIA DE SERVICIOS DE SALUD

**NO QUIERO DAR INFORMACIÓN A NADIE**

Firma

Fecha

**SI QUIERO DAR INFORMACIÓN A ALGUIEN – MIRE ABAJO**

Luis Hernandez Modesto 11-30-2022

Firma

Fecha

En caso de una investigación acerca de mi condición física o cuidado durante mi encarcelamiento, o un emergencia medica que requerir, intervención para salvar la vida o hospitalización. Yo le doy autorización a la División de Servicios de salud del Departamento de Correcciones de Oregon, para que le den la información confidencial médica a esos nombrado aquí en seguida.

- ☒ Enfermedad grave, hospitalización o cirugías  
☒ Emergencia de salud o muerte  
☒ Investigación con respeto de mi salud o cuidado  
☒ La información de salud mental limitada a una visión general de servicios disponibles

En caso de mi muerte, Yo entiendo que el Departamento de Correcciones de Oregon se pondrá en contacto con esta persona para hacer preparativos final de mi propiedad y mis restos de acuerdo con la División 27 Death (Inmate)

Nombres y domicilios de las personas que recibirán información:

**Contacto Primario****Contacto Secundario**

Lorena de Luis

Nombre

Alejandro Luis

Nombre

Relación

Relación

Número y Calle

Número y Calle

Ciudad, Estado y área postal

Ciudad, Estado y área postal

(503) 984-5755

Número de teléfono

(503) 984-5721

Número de teléfono

Mi consentimiento puede ser revocado en cualquier momento. La única excepción es cuando la acción ya haiga ocurrido como esta dictado en este consentimiento. A menos que no sea revocado antes, este consentimiento expirara un año desde la fecha firmada.

Firma

Fecha

Revisado: 8/2009

Nombre: Luis-Hernandez, ModestoNúmero de Identificación: 21941529Fecha de nacimiento: 7/24/1969

FAVOR DE REGRESAR ESTA FORMA A HEALTH SERVICES AL COMPLETAR. GRACIAS.



Departamento de Correcciones de Oregon  
NOTIFICACION DE EMERGENCIA DEL SERVICIO DE  
SALUD

**NO QUIERO DAR INFORMACIÓN A NADIE**

Luis Hernandez Modesto 11  
Firma Fecha

**SI QUIERO DAR INFORMACIÓN A ALGUIEN – MIRE ABAJO**

Luis Hernandez Modesto 11-22-22  
Firma Fecha

En caso de una investigación acerca de mi condición física o cuidado durante mi encarcelamiento, o un emergencia medica que requerir, intervención para salvar la vida o hospitalización. Yo le doy autorización a la División de Servicios de salud del Departamento de Correcciones de Oregon, para que le den la información confidencial médica a esos nombrado aquí en seguida.

- MIH Enfermedad grave, hospitalización o cirugías  
MIH Emergencia de salud o muerte  
MIH Investigación con respeto de mi salud o cuidado  
MIH La información de salud mental limitada a una visión general de servicios disponibles

Nombres y domicilios de las personas que recibirán información:

**Contacto Primario**

lorena de luis  
Nombre

esposa  
Relación

2674  
Número y Calle

WOODBURN  
Ciudad, Estado y área postal

503.984-5759  
Numero de teléfono

**Contacto Secundario**

Alejandro. Luis  
Nombre

ijo  
Relación

DUKE ST  
Numero y Calle

OR 97071  
Ciudad, Estado y área postal

503.984.5721  
Número de teléfono

Mi consentimiento puede ser revocado en cualquier momento. La única excepción es cuando la acción ya haiga ocurrido como esta dictado en este consentimiento. A menos que no sea revocado antes, este consentimiento expirara un año desde la fecha firmada.

Firma Luis Hernandez

Fecha 11-22-22

Revisado: 12/2016

LUIS-HERNANDEZ, MODESTO  
21941529  
07/24/1969

FAVOR DE REGRESAR ESTA FORMA A HEALTH SERVICES AL COMPLETAR. GRACIAS.  
CD1684



**Oregon Department of Corrections  
HEALTH SERVICES EMERGENCY NOTIFICATION**

**I DO NOT WANT INFORMATION PROVIDED TO ANYONE**

Signature \_\_\_\_\_

\_\_\_\_\_ Date

**I DO WANT INFORMATION PROVIDED - see below**

Signature \_\_\_\_\_

\_\_\_\_\_ Date

In the event of an inquiry into my health condition or care during my incarceration; or a medical emergency requiring lifesaving intervention and/or hospitalization, I hereby authorize the Oregon Department of Corrections, Health Services Section to release the following confidential medical information to those listed below:

- \_\_\_\_\_ Serious illness, planned hospitalization or surgery
- \_\_\_\_\_ Health emergency or death
- \_\_\_\_\_ Inquiry regarding my health condition and/or care
- \_\_\_\_\_ Mental health information limited to a general overview of services available

*In the event of my death, I understand that the Oregon Department of Corrections will contact this person to make arrangements for the final disposition of my property and my remains in accordance with Division 27 Death (Inmate).*

Names and addresses of those to receive information:

**Primary Contact**

**Secondary Contact**

Name \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

Street address \_\_\_\_\_

Street address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

Telephone Number \_\_\_\_\_

My consent may be revoked or changed at any time. The only exception is when the action has already occurred as instructed in this consent. Unless revoked earlier, this consent will expire one year from the date of signing.

Signature \_\_\_\_\_

11/22/22  
Date

Revised: 5/2016

**LUIS-HERNANDEZ, MODESTO**  
21941529  
07/24/1969

**RETURN THIS FORM TO HEALTH SERVICES UPON COMPLETION. THANK YOU. CD1684**





## Department of Corrections – Health Services Division

Consentimiento para vacunación de adultos

Vacuna Antigripal

He leído la declaración de información de vacunas y se me ha explicado la información sobre la vacuna que recibiré hoy.  
Entiendo los beneficios y riesgos y pido que me den la vacuna.

Luis Hernandez Modesto  
Signature/Firma

11/22/22  
Date/Fecha

\_\_\_\_\_  
Staff Witness Signature (Refusal Only)

11/22/22  
Date

☐ Yo doy consentimiento ☒ Yo rechazo de recibir la **2022 – 2023 Vacuna Antigripal.**

Proyecciones de preguntas médicas para vacunas para adultos. Favor de contestar sí o no a las siguientes preguntas. Estas preguntas determinaran si debería recibir vacunación hoy.

	Date/Fecha		Date/Fecha
¿Se siente enfermo hoy?	Yes/Si No <input type="checkbox"/> <input type="checkbox"/>	¿Tiene Alergias a algún medicamento, vacuna, comida, huevos o látex?	Yes/Si No <input type="checkbox"/> <input type="checkbox"/>
¿Alguna vez ha tenido una convulsión, problema del cerebro o el sistema nervioso?	Yes/Si No <input type="checkbox"/> <input type="checkbox"/>	¿Alguna vez ha tenido una reacción grave a una vacuna?	Yes/Si No <input type="checkbox"/> <input type="checkbox"/>
¿Tiene cáncer, leucemia, VIH/SIDS, u otro problema del sistema inmunológico?	Yes/Si No <input type="checkbox"/> <input type="checkbox"/>	¿Tiene enfermedad cardíaca, asma, enfermedad de riñones, anemia o algún trastorno sanguíneo?	Yes/Si No <input type="checkbox"/> <input type="checkbox"/>
En el último año, ¿ha tenido una transfusión de sangre o ha recibido algún producto de sangre o globulina inmune?	Yes/Si No <input type="checkbox"/> <input type="checkbox"/>	En los últimos 3 meses, ¿ha tomado medicamentos como cortisona, prednisona, u otros esteroides, medicamentos anti cáncer, medicamentos antivirales, o ha tenido radiación?	Yes/Si No <input type="checkbox"/> <input type="checkbox"/>
Para mujeres: ¿Está o piensa que quizás esté embarazada?	Yes/Si No <input type="checkbox"/> <input type="checkbox"/>	Apellido soltero de su madre. _____	

Vaccination Type	Vaccination Date	Vaccine Information			Route	Site	Information Statement		Vaccinator Name & Credentials
		Vaccine Name - Manufacturer	Lot #	Expiration Date			Date on VIS	Date given	
Influenza (Flu)		Flucelvax/ Seqirus	942393	6/24/23	IM	L R delt	8/6/2021		

After conducting the appropriate patient safety screening for the intended vaccination(s) licensed nursing staff within the DOC are authorized to administer the following vaccinations under the prescriptive authority of the DOC Chief of Medicine, and according to approved DOC population health processes pertaining to the voluntary vaccination of: Influenza (Flu)

\_\_\_\_\_  
DOC Chief of Medicine

\_\_\_\_\_  
Date: 9/7/2022

N LUIS-HERNANDEZ, MODESTO  
S 21941529  
I 07/24/1969





Department of Corrections – Health Services Division

## Adult Vaccine Consent Form

Influenza Vaccine

I have read the Vaccine Information Statement (VIS) and have had explained to me the information about the vaccine I will receive today. I believe I understand the benefits and risks of the vaccine requested and ask that the vaccine be given to me.

Signature

11/22/22  
Date

Staff Witness Signature (Refusal Only)

Date

☐ I consent ☐ I decline to receive the **2022–2023 Influenza Vaccine** immunization.

Medical screening questions for adult vaccines. Please answer yes/no to the following questions. These questions will be used to determine whether you should be given vaccine today.

	Date		Date
Do you feel sick today?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have allergies to a medication, vaccine, food, eggs or latex?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever had a seizure, brain or nervous system problem?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever had a serious reaction to a vaccine?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have cancer, leukemia, HIV/AIDS, or another immune system problem?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have heart disease, asthma, kidney disease, diabetes, anemia or a blood disorder?	Yes <input type="checkbox"/> No <input type="checkbox"/>
In the past year, have you had a blood transfusion or been given blood product, or immune globulin?	Yes <input type="checkbox"/> No <input type="checkbox"/>	In the past 3 months, have you taken medications such as cortisone, prednisone or other steroids, anti-cancer drugs, antiviral drugs, or had radiation treatments?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Women: Are you or do you think you might be pregnant?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Mother's maiden name.	

Vaccination Type	Vaccination Date	Vaccine Information			Route	Site	Information Statement		Vaccinator Name & Credentials
		Vaccine Name/Manufacturer	Lot #	Expiration Date			Date on VIS	Date given	
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\_\_\_\_\_  
DOC Chief of Medicine

Date: 9/7/2022

LUIS-HERNANDEZ, MODESTO  
21941529  
07/24/1969



### DIVULGACIÓN DE INFORMACIÓN DE SERVICIOS DE SALUD

Información obtenida en la relación paciente/proveedor, así como la información contenida en el registro de salud del paciente es confidencial y no se pueden divulgar excepto como proporcionado por el estado y el estatuto federal, o por orden de Oregon o Corte Federal. Información dada a los proveedores de salud médica y mental de los servicios de salud es confidencial y no compartida con nadie fuera de los servicios de salud sin consentimiento por escrito con las siguientes excepciones:

Personal de servicios de salud no se dé el nombre del paciente, servicios recomendados o proporcionado, nombre del proveedor, fechas de tratamiento y un breve comentario sobre el grado de participación. Los proveedores de tratamiento también pueden hacer recomendaciones al personal no - servicios de salud sobre maneras de ayudar a pacientes con problemas de salud mental o médico sin dar detalles de diagnóstico o de medicación prescrita.

Personal de servicios de salud no puede darse cierta información de salud (por ejemplo, diagnóstico, síntomas de descompensación, factores de riesgo, etc.) si:

- Actualmente están actuando dentro del ámbito oficial de sus funciones para desarrollar y evaluar estrategias de tratamiento y planes;
- están involucrados en el desarrollo de planes de correccionales, planes de tratamiento médico, riesgo o planes de manejo de comportamiento o planes de prevención de suicidio y crisis como miembros (e.g. designados consejeros correccionales, oficiales de cubierta de salud mental, etc.) de un equipo multidisciplinario, el equipo de tratamiento, el Comité, u otro oficial;
- están involucrados en la planificación de lanzamiento; o
- divulgación es necesaria para la seguridad y la seguridad de la institución.

Información obtenida en una relación médico-paciente no es confidencial y se informará al personal no - servicios de salud y otro personal de la Agencia según sea necesario incluso sin el consentimiento escrito del paciente. Según las leyes estatales y federales, esto incluye el conocimiento de:

- peligro para sí mismo o a otros;
- abuso de un niño menor de 18 años de edad, abuso de un adulto de 65 años de edad o más o abuso de las personas que cumplen con el requisito legal de discapacidad o enfermedad mental y una víctima especificada puede ser identificado;
- personal de abuso físico o sexual de los reclusos;
- los planes de fuga o intentos;
- abuso sexual o por otro recluso.

Confidencialidad no se aplicará a la información cuando plantea una amenaza inminente a la salud y la seguridad de uno mismo, otros internos, personal, o a la comunidad. Los informes se limitarán a lo necesario para mantener la seguridad y mantenerse dentro de los parámetros legales.

Mi firma abajo indica que entiendo la política de confidencialidad y prácticas utilizadas por los proveedores de tratamiento de HS.

Comentario interno:

Inmate  
SID #  
DOB:

LUIS-HERNANDEZ, MODESTO  
21941529  
07/24/1969

Firma de recluso (Inmate signature) Luis Hernandez

Date 11/22/22

Staff Witness Signature

[Signature]

Date 11/22/22

hanshaw  
R:



**HEALTH SERVICES INFORMATION DISCLOSURE**

Information obtained within the provider-patient relationship, as well as information contained in a patient's health care record is confidential and may not be released except as provided by state and federal statute, or by order of Oregon or Federal Court. Information given to Health Services medical and mental health providers is confidential and not shared with anyone outside of Health Services without written consent with the following exceptions:

Non-Health services staff may be given the patient's name, services recommended or provided, provider's name, dates of treatment, and a brief comment about extent of participation. Treatment providers may also make recommendations to non-Health Services staff about ways to help patients with medical or mental health problems without giving details of diagnosis or medication prescribed.

Non-Health services staff may be given some health information (e.g. diagnosis, symptoms of decompensation, risk factors, etc.) if:

- they are currently acting within the official scope of their duties to develop or evaluate treatment strategies and plans;
- they are involved in developing correctional plans, medical treatment plans, risk or behavior management plans or suicide and crisis prevention plans as members (e.g. designated correctional counselors, mental health housing officers, etc.) of a multidisciplinary team, treatment team, committee, or other official;
- they are involved in release planning; or
- disclosure is necessary for the safety and security of the institution.

Some information obtained in a provider-patient relationship is not confidential and will be reported to non-Health Services staff and/or other agency personnel as needed without written consent of the patient. According to State and Federal laws, this includes knowledge of:

- danger to self or others;
- abuse of a child under 18 years of age, abuse of an adult 65 years of age or older, or abuse of individuals who meet the legal requirement of developmentally disabled or mentally ill, and a specified victim can be identified;
- staff physical or sexual abuse of inmates;
- escape plans or attempts;
- sexual abuse of or by another inmate.

Confidentiality will not apply to information when it poses an immediate threat to the health and safety of self, other inmates, staff, or to the community. Reports will be limited to what is necessary to maintain safety and stay within legal parameters

My signature below indicates I understand the confidentiality policy and practices used by HS treatment providers.

Inmate Comments:

LUIS-HERNANDEZ, MODESTO  
21941529  
07/24/1969

Inmate Signature \_\_\_\_\_

Date 11/22/22

Staff Witness Signature \_\_\_\_\_

Date 11/22/22



22 November 2022

## ALERT Immunization Information System

DOC - COFFEE CREEK CORRECTIONAL FAC

## Immunization History Report

Patient ID: \_\_\_\_\_ Tracking Schedule: **ACIP**

Patient Name: **MODESTO LUIS-HERNANDEZ**

Birth Date: **07/24/1969** Gender: **Male**

Age: **53 years, 3 months, 29 days**

Vaccine Group	Date Admin	Series	Vaccine [Trade Name]	Dose	Mfg Code	Lot #	Bod Rt.	Bod St.	Provider of Information	React
COVID-19	07/04/2021	1 of 5	COVID19 Moderna Primary 12+	Full		052C21A	IM	LA	WALMART PHARMACY 1793	
	08/27/2021	2 of 5	COVID19 Moderna Primary 12+ [COVID19 Moderna Primary 12+ ®]	Full	MOD	036C21A	IM	LA	MARION CO HEALTH DEPT	

**Reaction Descriptions:**

No Records Found.

**Patient Comments:**

No Records Found.

**Start Date:****End Date:****Primary Physician:****Address:****Physician's Signature**

MODESTO LUIS-HERNANDEZ

07/24/1969



[illegible]

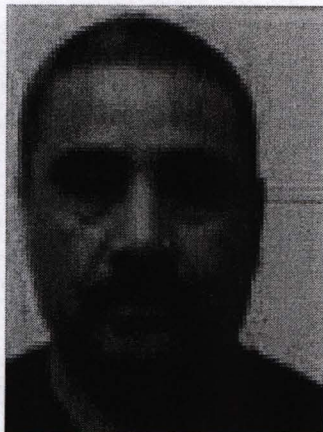




Oregon Department of Corrections (ODOC)  
Offender Information System (OIS) Report  
Produced by ROBINSAC 05/18/2023 12:24:31 PM

Mission: To promote public safety  
by holding offenders accountable  
for their actions and reducing the  
risk of future criminal behavior

### Health Services Facesheet



**Offender: LUIS-HERNANDEZ, MODESTO**

**SID:** 21941529

**Location:** Snake River Correctional Institution  
**Cell:** 2G26B

**Age:** 53 **DOB:** 07/24/1969

**Sex:** Male **Race:** Hispanic

**Height:** 5' 03" **Hair:** Black

**Weight:** 180 **Eyes:** Brown

**Primary Language:**

**Secondary Language:**

**Classification:** 3

**Caseload:** 11035 ESTILLORE

**Inst. Admit Dt:** Nov 22, 2022

**Earliest Release Dt:** 04/14/2032

**STTL Date:**

**Medical Communication (Y/N):** Y

**Keep At Current Location (Y/N):** N

**Suicide History:** N

**MH Rate:** -

**DD Rate:**

**BHS LOF:**

**MH Case Mgr:**

### Health Status Comments:

Category

Comment text

Light Duty Work

No push/pull/lift>20# exp 1/27/2024

### Major Diagnoses

Code	Condition	Comment	Diagnosed	Last Seen	Next Appt
BICVNO	Bivalent Covid Booster -OptOut		Dec 26, 2022		
BMI	Calculated Body Mass Index	31%			
COVID1	Moderna Vaccine Dose #1		Jul 04, 2021		
COVID2	Moderna Vaccine Dose #2		Aug 27, 2021		
DIAB	Diabetes	PRE-A1C6.2	Jan 27, 2023		
OBES	Obesity				
OPTOUT	FLU VACCINE OPT-OUT		Nov 22, 2022		
REP	Surgical repair	L shoulder inj/repair		Jan 27, 2023	
REP	Surgical repair	L-Shoulder 7/22			
VULAIC	Vulnerable AIC				

### Mental Health Diagnoses

Code	Description	Acuity	Rx	Severity	Discontinued Date
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Oregon Department of Corrections (ODOC)  
Offender Information System (OIS) Report  
Produced by ROBINSAC 05/18/2023 12:24:31 PM

Mission: To promote public safety  
by holding offenders accountable  
for their actions and reducing the  
risk of future criminal behavior

## Restrictions

Category/Description	Comment text	Effective Until
Housing Requirements		
Lower Bunk		Jan 27, 2024
Special Needs		
Non-English Speaking	SPANISH	Nov 22, 2042
Light Duty Work		
Full light work	SEE ABOVE	Jan 27, 2024

## Outside Appointments

Requested Appt	Date Requested	Disposition	Appt Date/Time
----------------	----------------	-------------	----------------

## Medications:

<u>Drug</u>	<u>Dose</u>	<u>Sig</u>	<u>Start Date</u>	<u>End Date</u>
-------------	-------------	------------	-------------------	-----------------







SYSTEM	+HISTORY	EXAMINATION
VIII. Hernia	concrus	& dangerous hernia
IX. GU (Male) penis testes/scrotum	♂	Deflated Penis, 1.5cm
X. Rectum	♂	LI
XI. GU (Female) BSU/external cervix uterus adnexa	/	
XII. Nervous System	♂	CNI II intact
XIII. Orthopedic	L knee tenderness L shoulder rotator cuff repair	Some pain & limited ROM
XIV. Mental Status	♂	AOK & NPO pleasant Interacts appropriately Spanish speaking

**ASSESSMENT**

1. Write major diagnoses/problems on Problem List.

**PLAN**

1. Write necessary follow-up on Order Sheet.  
2. Write brief SOAP note in Progress Notes.

**PATIENT TEACHING COMPLETED DURING EXAMINATION**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Medications                  | <input checked="" type="checkbox"/> Diet/Exercise | <input checked="" type="checkbox"/> Self Testicular Exam |
| <input checked="" type="checkbox"/> Weight Reduction  | <input checked="" type="checkbox"/> Back Care     | <input type="checkbox"/> Self Breast Exam                |
| <input type="checkbox"/> Communicable Disease Control |   | <input type="checkbox"/> Smoking Cessation               |

Instructions/Comments

Plan @ knee @ shoulder



Signature of Practitioner

Date

1/18/23

Nat  
SII  
DC

LUIS-HERNANDEZ, MODESTO  
21941529  
07/24/1969



OREGON DEPARTMENT OF CORRECTIONS  
**PHYSICAL EXAMINATION**

DISTANT VISION ☐ With ☒ Without Glasses R 20/20 L 20/20

HEARING ☐ Adequate ☐ Not Adequate (Spoken voice at 20 feet)

**SUBJECTIVE**

CURRENT COMPLAINT: on going @ knee & L shoulder pain

**OBJECTIVE**

Make pertinent comments regarding positive findings, correlate with positive history when indicated. WNL indicates that the examiner found no clinical evidence of disease or other health condition.

SYSTEM	+HISTORY	EXAMINATION
I. Integument scars scalp hair skin nails	<u>&amp;</u>	<u>WNL</u> <u>WNL</u> <u>WNL</u>
II. HEENT head eyes ears nose throat/mouth	<u>&amp;</u>	<u>WNL</u>
III. Lymph Nodes	<u>&amp;</u>	<u>&amp; Lymphadenopathy</u>
IV. Breasts		<u>&amp;</u>
V. Lungs/Chest		<u>CTAB</u>
VI. Cardiac/Circ.		<u>WNL</u> <u>Normal S1/S2</u>
VII. Abdomen	<u>Some pain in abdomen</u>	<u>no. 12 Abd Pain LLQ BT Aches</u>

☒ Male ☐ Female

Height 5'3" Weight 191  
Pulse 92/57 B/P 112/76  
Temp 97.8

LUIS-HERNANDEZ, MODESTO  
S 21941529  
L 07/24/1969



## MEDICAL RECEIVING SCREENING/MEDICAL HISTORY

LEVEL OF CONSCIOUSNESS	MENTAL STATUS	BEHAVIOR	APPEARANCE	SKIN CONDITION
<input checked="" type="checkbox"/> Alert	<input checked="" type="checkbox"/> Oriented AOx3	<input checked="" type="checkbox"/> Cooperative	<input checked="" type="checkbox"/> Relaxed	<input checked="" type="checkbox"/> Unremarkable
<input type="checkbox"/> Confused	<input type="checkbox"/> Normal Affect	<input type="checkbox"/> Passive	<input type="checkbox"/> Clean/Neat	<input type="checkbox"/> Bruises
<input type="checkbox"/> Agitated	<input type="checkbox"/> Flat Affect	<input type="checkbox"/> Evasive	<input type="checkbox"/> Disheveled	<input type="checkbox"/> Breaks in Skin
<b>Ease of Movement</b>	<input type="checkbox"/> Elated	<input type="checkbox"/> Demanding	<input type="checkbox"/> Dirty	<input type="checkbox"/> Rash
<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Fearful	<input type="checkbox"/> Angry	<input type="checkbox"/> Body Odor	<input type="checkbox"/> Diaphoretic
<input type="checkbox"/> Limps	<input type="checkbox"/> Hyper vigilant	<input type="checkbox"/> Threatening	<input type="checkbox"/> Tremulous	<input type="checkbox"/> Infestation
<input type="checkbox"/> Staggering	<input type="checkbox"/> Hallucinating	<input type="checkbox"/> Combative	<input type="checkbox"/> Body Deformity	<input type="checkbox"/> Needle Marks
<input type="checkbox"/> Other _____	<input type="checkbox"/> Delusional	<input type="checkbox"/> Appears in Pain	<input type="checkbox"/> Prosthetics	<input type="checkbox"/> Lesions
<b>Breathing</b>	<input type="checkbox"/> Incoherent	<input type="checkbox"/> Poor eye contact	<input type="checkbox"/> Poor Dentition	<input type="checkbox"/> Other _____
<input type="checkbox"/> Persistent cough		<input type="checkbox"/> Uncooperative		
<input type="checkbox"/> Hyperventilation				

1. Do you have any current illness, injury, or special health requirements? Yes ☐ No ☒  
 Explain: hx slip and fall injury while in jail- I leg/knee and I arm injury/dislocation- 10/2021-asked for PT but didn't receive, continued back pain and mobility issues

2. Dental Screening completed Yes ☒ No ☐ Follow up: Routine ☒ Urgent ☐ Emergent ☐

3. Are you currently on medications? Yes ☐ No ☒  
 Medications: \_\_\_\_\_

4. Do you have or have you had any communicable diseases? Yes ☐ No ☒  
 Explain: \_\_\_\_\_

5. Alcohol and drug use: Yes ☒ No ☐  
 Alcohol: Type: \_\_\_\_\_ Amount: \_\_\_\_\_ Last Use: 16-17mo ago

Tobacco Type: How much? denies How Many Years? \_\_\_\_\_

Drugs:	Type	1 <sup>st</sup> Use	Last Used	Duration	Mode
	<u>denies</u>	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

6. Have you had serious withdrawal symptoms (seizures, DT's) after stopping drugs or alcohol? Yes ☐ No ☒  
 Explain: \_\_\_\_\_

7. ALLERGIES: NKDA  
 Reactions: \_\_\_\_\_

**MENTAL HEALTH**

1. Have you ever been treated for mental health or emotional problems? Yes ☐ No ☒  
 If yes, when, why, & where? \_\_\_\_\_
2. Are you currently on mental health medications? Yes ☐ No ☒  
 Medications: \_\_\_\_\_
3. Have you been a mental health or suicide risk during incarceration at a DOC facility? Yes ☐ No ☒  
 If yes, explain? \_\_\_\_\_
4. Have you ever been hospitalized for mental illness? Yes ☐ No ☒  
 If yes, where and how long? \_\_\_\_\_
5. Have you ever attempted/considered suicide? Yes ☐ No ☒  
 If yes, when, why, & how? \_\_\_\_\_

**SUICIDE RISK ASSESSMENT**

6. Are you thinking of hurting and/or killing yourself now? Yes ☐ No ☒
7. Is the patient currently on any level of suicide precautions? Yes ☐ No ☒



Luis Hernandez,  
Modesto  
21941529  
07/24/1969

**FEMALE INMATE**

	Yes	No	Comments
a. PID	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Lumps in Breast	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. Menopausal	<input type="checkbox"/>	<input type="checkbox"/>	_____
d. Gyn Surgery	Date: _____		_____
i. Tubal	_____	_____	_____
ii. Hyst/Why?	_____	_____	_____
iii. Pan Hyst/Why?	_____	_____	_____
iv. C Sect	_____	_____	_____
Pregnancy History			
a. Gravidia/# pregnancies	_____	_____	_____
b. Para/# of births	_____	_____	_____
c. SAB/miscarriages	_____	_____	_____
d. TAB/abortions	_____	_____	_____
e. LMP	_____	_____	_____
Birth Control Method: _____			

Are you pregnant now? Yes ☐ No ☐ Unsure ☐

If female patient reports current opiate use above (#3 or #5) pregnancy test will be immediately offered and scheduled.

Yes ☐ N/A ☐**MEDICAL HISTORY**

Check appropriate response. Explain all "yes" answers briefly; e.g. date of occurrence or diagnosis, type and length of treatment or prescriptions.

	YES	NO	COMMENT
1. Arthritis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
2. Eczema/Skin Condition	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
3. Eye disease/Blindness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
4. Thyroid Trouble	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
5. Heart Trouble	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
6. High Blood Pressure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
7. Emphysema/Asthma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
8. Stomach Trouble	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
9. Hepatitis/Liver Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
10. Gall Bladder Problem	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
11. Diabetes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
12. Kidney/Bladder Problem	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
13. Prostate Trouble	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
14. Rectal Bleeding/Hemorrhoids	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
15. Epilepsy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
16. Cancer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
17. Blood Disorder	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
18. HIV	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
19. STD's	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____

**TRAUMA/ORTHOPEDIC/HOSPITALIZATION**  
(Significant Only)Injuries: l arm and l leg injury 10/2021Surgeries: l arm repair 2022Hospitalization: no**IMMUNIZATION HISTORY**

Enter date received or N/A

MMR childhood

Tetanus \_\_\_\_\_

Pneumovax \_\_\_\_\_

Hep A \_\_\_\_\_

Hep B \_\_\_\_\_

Twinrix \_\_\_\_\_



Luis-Hernandez,  
Modesto  
21941529  
07/24/1969

**FAMILY HISTORY**

Are any of your relative known to have:

	YES	NO	COMMENTS
1. Arthritis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	—
2. Allergies	<input type="checkbox"/>	<input checked="" type="checkbox"/>	—
3. Anemia	<input type="checkbox"/>	<input checked="" type="checkbox"/>	—
4. Bleeding Tendencies	<input type="checkbox"/>	<input checked="" type="checkbox"/>	—
5. Cancer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	—
6. Diabetes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	—
7. Epilepsy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	—
8. Heart Trouble	<input type="checkbox"/>	<input checked="" type="checkbox"/>	—
9. Hypertension	<input type="checkbox"/>	<input checked="" type="checkbox"/>	—
10. Mental Illness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	—
11. Other Inherited Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	—

**ADDITIONAL INFORMATION**

Is there anything else about your health history/status that we should be aware of?  
If yes, explain \_\_\_\_\_

Yes ☐ No ☒

\*\*\*\*\*

**DISPOSITION**
**Behavior Health Services Referral**

If answer yes to either question (#6, #7) in the suicide section above; inmate will be immediately referred to a mental health provider:

Who did you contact? \_\_\_\_\_

What time? \_\_\_\_\_

If no mental health treatment provider is on-site a suicide risk screening assessment will be completed by a licensed health care professional.

Other Referral: Yes ☐ Medical ☐ Dental ☐ BHS (other than above) ☐ \_\_\_\_\_

Who did you contact? \_\_\_\_\_

What time? \_\_\_\_\_

Comments related to referral: \_\_\_\_\_

Instructed in accessing health care? Yes ☒ No ☐ If no, why? \_\_\_\_\_

Date /Time Screened: 11/22/2022 1703 N Hartshorn, RN

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Inmate Signature)

Signature: \_\_\_\_\_

(Interviewer Signature)

Date: 11/22/22

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Practitioner Signature)

Luis-Hernandez,  
Modesto  
21941529  
07/24/1969



TAR 2012



RECEIVED AUG 04 2023

July 27, 2023

TO: Orthopedics of Oregon  
c/o Medical Records  
1600 State St  
Salem, OR 97301

From: Modesto Luis-Hernandez  
SID# 21941529  
SRCI  
777 Stanton Blvd.  
Ontario, OR 97914

RE:  
Dear/To whom it may concern,

I am requesting a copy of all medical records pertaining to all of my visits to your facility from around September 2021 until around August 2022. I am requesting this information for my previous surgeries and any medical care provided, including any additional notes taken or recorded by my attending medical care providers at the time.

My information is as follows:

Name: Modesto Luis-Hernandez

DOB: 7-24-1969

Respectfully, Luis Hernandez Modesto

cc. Willamette Surgery Center  
c/o Medical Records  
P.O. Box 13730  
Salem, OR 97309

Modesto Luis-Hernandez  
SID# 2194152 9  
SRCI  
777 Stanton Blvd.  
Ontario, OR 97914

AUG 07 2023



**MARION COUNTY JAIL**  
HEALTH SERVICES

**MEDICAL REQUEST FORM**

NAME: Luis Hernandez Madero SID#: 27941529  
 Last (Apellido) First (Nombre) M.I. (Inicial) (Número de Identificación)  
 Location: POD: D1 Cell: 201 Date of Birth: 07-24-69 Today's Date: 10-15-2021  
 (Ubicación) (Selda) (Fecha de Nacimiento) (Fecha de hoy)

Do you have any allergies to medications? If yes, list: \_\_\_\_\_

(Tiene alergias a algunos medicamentos?) Por favor diga a cuales

Tell us about your health problem: cuando estaba Trabajado

(Describa su problema de salud)

afuera me lastime el pie izquierdo

y mi doctor me dijo que baidura 2 años  
para componer para subir las

escalera me duele su bix y bajar

How long have you had this problem?

(Por cuanto tiempo ha tenido este problema?)

Cada pato es cuando  
me duele

This is my permission to get psychiatric, medical or dental exams and treatment from jail staff. I understand that the jail may charge me for some of these services and deduct it from my account during the current or future stays in jail. I will get necessary health care even if I am unable to pay.

(Este documento representa mi permiso para recibir exámenes médicos, tratamiento psiquiátrico o dental por parte del personal de salud de la cárcel. Yo entiendo que la cárcel puede cobrarme por algunos de estos servicios médicos y deducirlos de mi cuenta, durante la presente o futuras estancias en la cárcel. Yo puedo recibir cuidado médico incluso si no pudiera pagar.

Signature: Madero L H

(Firma)

If you have an emergency, tell the jail staff right away!

(Si usted tiene una emergencia médica avise a los oficiales pronto!)

Received By Alpha #: 279

Date: 10/15/21

Time: 1753

**Health Services Nursing note/plan**

Date: 10-19-21 Que servicio quiere que  
 le otorguemos?

What are you asking for?

RN's or MH Initials: GB

Julien #:



# MARION COUNTY JAIL

## HEALTH SERVICES

### MEDICAL REQUEST FORM

NAME: Luis Hernandez Boles SID#: 21941529  
 Last (Apellido) First (Nombre) M.I. (Inicial) (Numero de Identificacion)  
 Location: POD: E5 Cell: 124 Date of Birth: 07-24-69 Today's Date: 10-19-21  
 (Ubicacion) (Selda) (Fecha de Nacimiento) (Fecha de hoy)

Do you have any allergies to medications? If yes, list: no  
 (Tiene alergias a algunos medicamentos?) Por favor diga a cuales

Tell us about your health problem: me caí estaba limpiando una celda  
 (Describe su problema de salud) y me torcí el omedoble la cadera del  
Pie izquierdo y no puedo sentarme ni darme  
así a bajo por eso quiero que me lleve al  
hospital para que me tome RADIOGRAFIA  
porque necesito saber que tanto hecho a perder  
por que cuando me caí escuché que tronaron  
los techos muy fuerte o bien FEO.

How long have you had this problem? por eso necesito ir al hospital  
 (Por cuánto tiempo ha tenido este problema?) siempre he estado en la celda y no puedo

This is my permission to get psychiatric, medical or dental exams and treatment from jail staff. I understand that the jail may charge me for some of these services and deduct it from my account during the current or future stays in jail. I will get necessary health care even if I am unable to pay.

(Este documento representa mi permiso para recibir exámenes médicos, tratamiento psiquiátrico o dental por parte del personal de salud de la cárcel. Yo entiendo que la cárcel puede cobrarme por algunos de estos servicios médicos y deducirlos de mi cuenta, durante la presente o futuras estancias en la cárcel. Yo puedo recibir cuidado médico incluso si no pudiera pagar.)

Signature: Luis Hernandez  
 (Firma)

If you have an emergency, tell the jail staff right away!  
 (Si usted tiene una emergencia médica avise a los oficiales pronto!)

Received By Alpha #: 211 Date: 10/19/21 Time: 1855

### Health Services Nursing note/plan

Date: 10/19/21 Nurse: 10/19/21 and  
doctor list for Friday

RN's or MH Initials: Telt 1840



# MARION COUNTY JAIL

## HEALTH SERVICES

### MEDICAL REQUEST FORM

NAME: Modesto Luis Hernandez SID#: 21941529  
 Last (Apellido) First (Nombre) M.I. (Inicial) (Numero de Identificacion)  
 Location: POD: E5 Cell: 124 Date of Birth: 07-24-69 Today's Date: 10-23-21  
 (Ubicacion) (Selda) (Fecha de Nacimiento) (Fecha de hoy)

Do you have any allergies to medications? If yes, list: 97052  
 (Tiene alergias a algunos medicamentos?) Por favor diga a cuales

Tell us about your health problem: las medicina que me estan  
 (Describe su problema de salud)

dando me estan asiendo dano ya me  
las quida to bad prefieroirme conponiendo  
des pocio y mi piarna ya esta con pocio  
mejor la medecina me is su bir mucho  
la precio y dolor de cabeza y

How long have you had this problem? me blado me la bista gracia  
 (Por cuanto tiempo ha tenido este problema?)

This is my permission to get psychiatric, medical or dental exams and treatment from jail staff. I understand that the jail may charge me for some of these services and deduct it from my account during the current or future stays in jail. I will get necessary health care even if I am unable to pay.

(Este documento representa mi permiso para recibir exámenes medicos, tratamiento psiquiatrico o dental por parte del personal de salud de la carcel. Yo entiendo que la carcel puede cobrarme por algunos de estos servicios medicos y deducirlos de mi cuenta, durante la presente o futuras estadias en la carcel. Yo puedo recibir cuidado medico incluso si no pudiera pagar.)

Signature: Modesto Luis Hernandez  
 (Firma)

If you have an emergency, tell the jail staff right away!  
 (Si usted tiene una emergencia medica avise a los oficiales pronto!)

Received By Alpha #: 296 Date: 10/23/21 Time: 2152

Health Services Nursing note/plan

Date: \_\_\_\_\_

placed on sick call list

RN's or MH Initials: \_\_\_\_\_ Juliet #: 826

10-25-21 1510



ES-124

# MARION COUNTY JAIL

## HEALTH SERVICES

### MEDICAL REQUEST FORM

NAME: Luis Hernandez Modesto SID#: 21941529  
 Last (Apellido) First (Nombre) M.I. (Inicial) (Numero de Identificacion)  
 Location: POD: E-5 Cell: 124 Date of Birth: 07-24-69 Today's Date: 10/27/2021  
 (Ubicacion) (Selda) (Fecha de Nacimiento) (Fecha de hoy)

Do you have any allergies to medications? If yes, list: NO.

(Tiene alergias a algunos medicamentos?) Por favor diga a cuales

Tell us about your health problem: I was taking the medication that was prescribed to me after my accident, but the medication gave me some negative side-effects that I couldn't stomach. So, I decided to not take those pills, with the exception of the high blood pressure pill.

I want to continue taking the high blood pressure medication, but if I'm not getting better after a week, I want to be taken to the local hospital for a more comprehensive medical exam. I am very willing to pay for all my medical costs. So, I am taking the high blood pressure medication because the Nurse took my pressure and said that-

How long have you had this problem? I needed to continue taking the pill for high blood pressure.  
 (Por cuanto tiempo ha tenido este problema?)

This is my permission to get psychiatric, medical or dental exams and treatment from jail staff. I understand that the jail may charge me for some of these services and deduct it from my account during the current or future stays in jail. I will get necessary health care even if I am unable to pay.

(Este documento representa mi permiso para recibir exámenes médicos, tratamiento psiquiátrico o dental por parte del personal de salud de la cárcel. Yo entiendo que la cárcel puede cobrarme por algunos de estos servicios médicos y deducirlos de mi cuenta, durante la presente o futuras estancias en la cárcel. Yo puedo recibir cuidado médico incluso si no pudiera pagar.)

Signature: Luis Hernandez Modesto  
 (Firma)

If you have an emergency, tell the jail staff right away!  
 (Si usted tiene una emergencia médica avise a los oficiales pronto!)

Received By Alpha #: A230 Date: 10/27/21 Time: 1650

### Health Services Nursing note/plan

Date: 10/27/21 on sick call list to discuss issue  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

RN's or MH Initials: LB Juliet #: 803



# MARION COUNTY JAIL

## HEALTH SERVICES

### MEDICAL REQUEST FORM

NAME: HERNANDEZ Modesto Luis SID#: 21941529  
 Last (Apellido) First (Nombre) M.I. (Inicial) (Numero de Identificacion)  
 Location: POD: C8 Cell: 107 Date of Birth: 07-24-69 Today's Date: 05-03-22  
 (Ubicacion) (Selda) (Fecha de Nacimiento) (Fecha de hoy)

Do you have any allergies to medications? If yes, list: NO

(Tiene alergias a algunos medicamentos?) Por favor diga a cuales

Tell us about your health problem:

(Describe su problema de salud)

Trying to get bottom punk  
registration. Due to my knee  
been injured because they have me  
on the top bunk right now and that  
its hard for me to climb up due to  
my knee. Hope Orthopedics clinic

How long have you had this problem? 8 months

(Por cuanto tiempo ha tenido este problema?)

This is my permission to get psychiatric, medical or dental exams and treatment from jail staff. I understand that the jail may charge me for some of these services and deduct it from my account during the current or future stays in jail. I will get necessary health care even if I am unable to pay.

(Este documento representa mi permiso para recibir exámenes médicos, tratamiento psiquiátrico o dental por parte del personal de salud de la cárcel. Yo entiendo que la cárcel puede cobrarme por algunos de estos servicios médicos y deducirlos de mi cuenta, durante la presente o futuras estancias en la cárcel. Yo puedo recibir cuidado médico incluso si no pudiera pagar.)

Signature:

(Firma)

X Luis Hernandez Modesto

If you have an emergency, tell the jail staff right away!

(Si usted tiene una emergencia medica avise a los oficiales pronto!)

Received By Alpha #: 213 Date: 6-3-22 Time: 1011

### Health Services Nursing note/plan

Date: 06/04/2022, 0170

placed on the doctor's list for review.

RN's or MH Initials: M.M Juliet #: 805



# MARION COUNTY JAIL

## HEALTH SERVICES

Luis-Hernandez

### MEDICAL REQUEST FORM

NAME: Hernandez Luis SID#: 21941529  
 Last (Apellido) First (Nombre) M.I. (Inicial) (Numero de Identificacion)  
 Location: POD: C8 Cell: 106 Date of Birth: 07-24-69 Today's Date: 7-5-2022  
 (Ubicacion) (Selda) (Fecha de Nacimiento) (Fecha de hoy)

Do you have any allergies to medications? If yes, list: Not for this  
 (Tiene alergias a algunos medicamentos?) Por favor diga a cuales

Tell us about your health problem: I would like to know what's going on  
 (Describe su problema de salud) with the process of the appointment on  
my left arm it has been hurting severely I am in a  
lot of pain. I was told by the surgeon that it was up  
to the jail to set up the appointment for my left  
arm surgery. So I would like to know when is that  
surgery going to be. Because when I am in a cold place  
my arm hurts very much this I have been reflecting  
 How long have you had this problem? 10/19/2022  
 (Por cuanto tiempo ha tenido este problema?)

This is my permission to get psychiatric, medical or dental exams and treatment from jail staff. I understand that the jail may charge me for some of these services and deduct it from my account during the current or future stays in jail. I will get necessary health care even if I am unable to pay.  
 (Este documento representa mi permiso para recibir exámenes médicos, tratamiento psiquiátrico o dental por parte del personal de salud de la cárcel. Yo entiendo que la cárcel puede cobrarme por algunos de estos servicios médicos y deducirlos de mi cuenta, durante la presente o futuras estancias en la cárcel. Yo puedo recibir cuidado médico incluso si no pudiera pagar.)

Signature: Modesto J H  
 (Firma)

If you have an emergency, tell the jail staff right away!  
 (Si usted tiene una emergencia médica avise a los oficiales pronto!)

Received By Alpha #: Benson 211 Date: 07/05/22 Time: 2210

*Health Services Nursing note/plan*

Date: \_\_\_\_\_

placed on sick call list

RN's or MH Initials: ~ Juliet #: 26

7-10-22 1555



C3 102

**MARION COUNTY JAIL****HEALTH SERVICES****MEDICAL REQUEST FORM**

NAME: Luis Hernandez Modesto SID#: 21941529  
 Last (Apellido) First (Nombre) M.I. (Inicial) (Número de Identificación)  
 Location: POD: C3 Cell: 102 Date of Birth: 07-24-69 Today's Date: 07/26/22  
 (Ubicación) (Selda) (Fecha de Nacimiento) (Fecha de hoy)

Do you have any allergies to medications? If yes, list: No  
 (Tiene alergias a algunos medicamentos?) Por favor diga a cuáles

Tell us about your health problem: I think I got a  
 (Describe su problema de salud) allergic reaction to my  
Medication because I got pimples  
in my stomach. AND I feel  
a burning sensation on my eyes.  
If somebody can please see me.  
Please and I thank you

How long have you had this problem? 2 days  
 (Por cuanto tiempo ha tenido este problema?)

This is my permission to get psychiatric, medical or dental exams and treatment from jail staff. I understand that the jail may charge me for some of these services and deduct it from my account during the current or future stays in jail. I will get necessary health care even if I am unable to pay.  
 (Este documento representa mi permiso para recibir exámenes médicos, tratamiento psiquiátrico o dental por parte del personal de salud de la cárcel. Yo entiendo que la cárcel puede cobrarme por algunos de estos servicios médicos y deducirlos de mi cuenta, durante la presente o futuras estancias en la cárcel. Yo puedo recibir cuidado médico incluso si no pudiera pagar.)

Signature: X Modesto LH  
 (Firma)

If you have an emergency, tell the jail staff right away!  
 (Si usted tiene una emergencia médica avise a los oficiales pronto!)

Received By Alpha #: A211 Boswell Date: 07/26/2022 Time: 1020

**Health Services Nursing note/plan**

Date: 7.27.22

your dressing was changed.  
a Rash was observed.

RN's or MH Initials: 12 Juliet #: 12



3-102

**MARION COUNTY JAIL****HEALTH SERVICES****MEDICAL REQUEST FORM**

NAME: Luis Hernandez Modesto SID#: 21941529  
 Last (Apellido) First (Nombre) M.I. (Inicial) (Numero de Identificacion)  
 Location: POD: CS Cell: 102 Date of Birth: 07-24-69 Today's Date: 08-31-2022  
 (Ubicacion) (Selda) (Fecha de Nacimiento) (Fecha de hoy)

Do you have any allergies to medications? If yes, list: N/A

(Tiene alergias a algunos medicamentos?) Por favor diga a cuales

Tell us about your health problem: Pues miran nada mas quisiera darles

(Describe su problema de salud) de saber que porque estan poniendo

el cobro de la medicina en mi cuenta cuando ya

saben que si estoy tomando esas medicina es por la

orden del sicuiano el que me pego en mi ombligo y

yo nose porque quisiera que yo lo pague cuando la

carcel tiene que pagar todo esos gastos o cobros

por que el accidente paso cuando yo estaba

How long have you had this problem? trabajando para la carcel o para

(Por cuanto tiempo ha tenido este problema?) ustedes nesecitan ablar con alguien

sobre estos problemas?

This is my permission to get psychiatric, medical or dental exams and treatment from jail staff. I

understand that the jail may charge me for some of these services and deduct it from my account during the current or future stays in jail. I will get necessary health care even if I am unable to pay.

(Este documento representa mi permiso para recibir exámenes medicos, tratamiento psiquiatrico o dental por parte del personal de salud de la carcel. Yo entiendo que la carcel puede cobrarme por algunos de estos servicios medicos y deducirlos de mi cuenta, durante la presente o futuras estadias en la carcel. Yo puedo recibir cuidado medico incluso si no pudiera pagar.

Signature: Luis Hernandez Modesto  
 (Firma)

If you have an emergency, tell the jail staff right away!

(Si usted tiene una emergencia medica avise a los oficiales pronto!)

Received By Alpha #: A105 Date: 08/31/2022 Time: 1915

**Health Services Nursing note/plan**

Date: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

placed on sick  
call 1154

RN's or MH Initials: \_\_\_\_\_ Juliet #: 126

9-1-22 1610



# MARION COUNTY JAIL

## HEALTH SERVICES

3-107

### MEDICAL REQUEST FORM

NAME: Hernandez Modesto Luis SID#: 21941529  
 Last (Apellido) First (Nombre) M.I. (Inicial) (Numero de Identificacion)  
 Location: POD: C3 Cell: 102 Date of Birth: 7-24-69 Today's Date: 8-31-22  
 (Ubicacion) (Selda) (Fecha de Nacimiento) (Fecha de hoy)

Do you have any allergies to medications? If yes, list: N/A  
 (Tiene alergias a algunos medicamentos?) Por favor diga a cuales

Tell us about your health problem: I temporarily need an extra towel to do several of  
 (Describe su problema de salud) the exercises - physical therapy for my  
shoulder. They want me to put my hand on the wall and rub with  
applying pressure, my hand up the wall and down the wall. The wall is very dirty  
and also have kneel on the floor to do some exercises.

Please and Thank You. Just until my physical Therapy is  
finished.

How long have you had this problem? \_\_\_\_\_  
 (Por cuanto tiempo ha tenido este problema?)

This is my permission to get psychiatric, medical or dental exams and treatment from jail staff. I understand that the jail may charge me for some of these services and deduct it from my account during the current or future stays in jail. I will get necessary health care even if I am unable to pay.  
 (Este documento representa mi permiso para recibir exámenes médicos, tratamiento psiquiátrico o dental por parte del personal de salud de la cárcel. Yo entiendo que la cárcel puede cobrarme por algunos de estos servicios médicos y deducirlos de mi cuenta, durante la presente o futuras estancias en la cárcel. Yo puedo recibir cuidado médico incluso si no pudiera pagar.)

Signature: Luis Hernandez Modesto  
 (Firma)

If you have an emergency, tell the jail staff right away!  
 (Si usted tiene una emergencia médica avise a los oficiales pronto!)

Received By Alpha #: A266 Date: 08-31-22 Time: 0957

### Health Services Nursing note/plan

Date: \_\_\_\_\_

placed on sick call list

RN's or MH Initials: r Juliet #: 26

9-1-22 1611



Billing: 503-566-3507  
 PO Box 13730  
 Salem, OR 97309

Pay online at:  
[WillametteSurgeryCenter.com](http://WillametteSurgeryCenter.com)



MODESTO LUIS HERNANDEZ  
 4000 AUMSVILLE HWY SE  
 Salem, OR 97317

## STATEMENT

**Patient Name:** MODESTO LUIS HERNANDEZ  
**Insurance Carrier:** Marion County Sheriffs Office  
**Subscriber ID:** 21941529  
**Group #:**

**MRN:** 400776  
**Statement Date:** 08/12/2022  
**Pay This Amount:** \$14,647.50  
**Due Date:**

Date	Description	Charges	Adjustments	Balance
07/19/2022	29827; SURGICAL ARTHROSCOPY SHOULDER W/ROTATOR CUFF RPR	\$12,266.00		\$8,586.20
07/19/2022	Write Off- Insurance Contract		-\$3,679.80	
07/19/2022	29828; SURGICAL ARTHROSCOPY SHOULDER BICEPS TENODESIS	\$8,659.00		\$6,061.30
07/19/2022	Write Off- Insurance Contract		-\$2,597.70	

Current	31 Days	61 Days	91 Days	121+ Days	Please Pay
\$14,647.50	\$0.00	\$0.00	\$0.00	\$0.00	\$14,647.50

Payment due upon receipt. Pay online at [WillametteSurgeryCenter.com](http://WillametteSurgeryCenter.com).



**MARION COUNTY SHERIFFS OFFICE****Inmate Note Details**

Inmate Name	Inmate ID	Booking Number
LUIS-HERNANDEZ, MODESTO	651660	21003298

INMATE NOTE DETAILS						
DATE	CODE - DESCRIPTION					
10/23/2021 00:12	MED EQUIP - MEDICAL EQUIPMENT IN CELL					
SUB CODE - DESCRIPTION						
SHOES - DECK/PERSONAL SHOES ISSUED						
COMMENTS						
DECK SHOES						
ENTERED DATE	ENTERED BY	UPDATED DATE	UPDATED BY			
10/23/2021 00:13	7081 - DEOLUS, ANTHONY					



**MARION COUNTY SHERIFFS OFFICE****Inmate Note Details**

Inmate Name	Inmate ID	Booking Number
LUIS-HERNANDEZ, MODESTO	651660	21003298

INMATE NOTE DETAILS						
DATE	CODE - DESCRIPTION					
10/23/2021 00:13	MED EQUIP - MEDICAL EQUIPMENT IN CELL					
SUB CODE - DESCRIPTION						
SOCKS - SOCKS ISSUED						
COMMENTS						
BLUE MEDICAL SOCKS						
ENTERED DATE	ENTERED BY	UPDATED DATE	UPDATED BY			
10/23/2021 00:13	7081 - DEOLUS, ANTHONY					





# MARION COUNTY SHERIFF'S OFFICE

JOE KAST, SHERIFF

February 8, 2022

Modesto Luis-Hernandez  
SID # 21941529  
Marion County Jail  
C7-104

Re: Grievance Appeal

Dear Mr. Luis-Hernandez:

I have received your request for an appeal on your grievance dated 01/26/2022, grievance number 002862. In the grievance you state you slipped and fell causing you injury. You state you were seen by the facility doctor, but need to see a hospital doctor.

10/19/2021 - you fell and submitted a kyte

10/19/2021 - you were seen by the doctor, given medication, placed on lower tier/lower bunk status, and taken off work.

10/22/2021 - you were seen by the FNP, given medication and shoes and socks.

01/21/2022 - you were seen by the doctor and given shoulder exercises.

01/28/2022 - you were seen by the doctor, consult was ordered for further evaluation.

Based on the above information, you were seen on the date of injury and now have an outside consult scheduled. If you have any other medical needs or concerns, please notify medical.

Sincerely,

A handwritten signature in cursive script, appearing to read "Tad L".

Tad Larson  
Commander  
Marion County Jail





## MARION COUNTY SHERIFF'S OFFICE

JOE KAST, SHERIFF

### FAX COVER SHEET

To: Scheduling

From: Deputy John Gelatt

Agency: HOPE Orthopedic

Agency: Jail/Medical Unit

Fax Number: 503-540-6404

Fax Number: (503)588-6819

Phone Number: 503-540-6300

Phone Number: (503)588-8528

Date: 03-02-2022

Number of Pages: 2

(Including cover sheet)

#### *Confidentiality Notice*

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#### MESSAGE:

**Modesto Luis-Hernandez (07-24-1969 currently resides at the Marion County Jail. He has been seen by the jail doctor, Dr. Lance Loberg. Our doctor would like this patient to be seen for MRI and arthrogram of left the shoulder and MRI of the left hamstring and any follow-up care.**

**Please make arrangements ASAP for scheduling by contacting:**

**Deputy J. Gelatt at 5035886815**

Marion County Sheriff's Office, Jail Division 4000 Aumsville Highway S.E. Salem, OR 97317  
503.588.8528 - 503.588.6819 (Fax)

"To whom much is entrusted, much is expected."



03/02/2022 WED 17:30 FAX

PLEASE WRITE FIRMLY USE BLACK BALL POINT PEN

## MARION COUNTY JAIL - PHYSICIAN'S ORDERS

Date: 1/21/22 Time: 845 Name: Luis Hernandez, Modesto 1

off work  
12:00-1:00  
1:00-2:00  
2:00-3:00  
3:00-4:00  
4:00-5:00  
5:00-6:00  
6:00-7:00  
7:00-8:00  
8:00-9:00  
9:00-10:00  
10:00-11:00  
11:00-12:00

FS-102

L. Hernandez

UNLESS THIS BOX IS CHECKED, A FORMULARY EQUIVALENT MEDICATION MAY BE SUBSTITUTED BY PHARMACY

Date: 1/28/2022 Time: 840 Name: CS105 2

- ① Consult HYPE ortho. fell off while working in jail - no continued problems since fall with arm/shoulder, left leg - please evaluate

FS-102

L. Hernandez

UNLESS THIS BOX IS CHECKED, A FORMULARY EQUIVALENT MEDICATION MAY BE SUBSTITUTED BY PHARMACY

Date: 2/25/22 Time: 705 Name: 3

- ① L shoulder MRE & arthrogram at HYPE ortho and
- ② MRE of L hamstring at HYPE ortho
- ③ HYPE ortho flu after MRE's

L. Hernandez

UNLESS THIS BOX IS CHECKED, A FORMULARY EQUIVALENT MEDICATION MAY BE SUBSTITUTED BY PHARMACY

Date: Time: Name: 4

UNLESS THIS BOX IS CHECKED, A FORMULARY EQUIVALENT MEDICATION MAY BE SUBSTITUTED BY PHARMACY

Patient Name Luis Hernandez Modesto Physician Dr. Loberg

Allergies NKDA

1/15DM





## FAX COVER SHEET

To: \_\_\_\_\_

Agency: HOPE ORTHO

Fax Number: 503-540-6404

Phone Number: \_\_\_\_\_

Date: 02/08/2022

From: DEPUTY JOHN GELATT

Agency: MARION COUNTY SHERRIFS OFFICE

Fax Number: 503-588-6819

Phone Number: 503-588-6815

Email: JGELATT@CO.MARION.OR.US

Number of Pages: \_\_\_\_\_  
(Including cover sheet)

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### Special Instructions:

LUIS-HERNANDEZ, MODESTO DOB: 07/24/1969 SID: 21941529

This subject is a AIC at the Marion County Jail , Or Dr. Lance Loberg is requesting a consult for rt arm rt shoulder lt leg pain

Please contact me to set a appointment time and date.

Thank you Deputy John Gelatt 503-588-6815

Rev. 8/19

Marion County Courthouse • 100 High Street NE / PO Box 14500, Salem, OR 97309

503.588.5094 • 503.588.7931 (fax) • [www.co.marion.or.us/so](http://www.co.marion.or.us/so)

"To whom much is entrusted, much is expected."





Marion County Jail  
Health Services Unit  
4000 Aumsville Hwy. S.E., Salem, Oregon 97317  
Phone (503)588-8528 Fax (503)588-6819

DATE 2-2-22

**OUTSIDE CONSULT REQUISITION**

**PATIENT INFO**

Name Luis Hernandez, Modesto

SID 2941529 DOB 7-24-69

Allergies None

MRD \_\_\_\_\_

**REFERRAL INFO**

Doctor's Name \_\_\_\_\_

Clinic Name Hope Center

Date/Time of Appt \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Directions \_\_\_\_\_

Reason For Consult Fall 10/21 to Contusion of  
of shoulder, leg, & back Pain.

Special Instructions \_\_\_\_\_

Date Completed \_\_\_\_\_



PLEASE WRITE FIRMLY USE BLACK BALL POINT PEN

**MARION COUNTY JAIL - PHYSICIAN'S ORDERS**

Date: 1/21/22 Time: 845 Name: Luis Hernandez, Modesto 1

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FS-102

L. Hernandez

☐ UNLESS THIS BOX IS CHECKED, A FORMULARY EQUIVALENT MEDICATION MAY BE SUBSTITUTED BY PHARMACY

Date: 1/28/2022 Time: 840 Name: CS-105 2

① Consult HME who felt w/ri while working  
in fact - to continued problems since had  
with R arm/shoulder, I left by -  
please evaluate

L. Hernandez

☐ UNLESS THIS BOX IS CHECKED, A FORMULARY EQUIVALENT MEDICATION MAY BE SUBSTITUTED BY PHARMACY

Date: Time: Name: 3

COPY

☐ UNLESS THIS BOX IS CHECKED, A FORMULARY EQUIVALENT MEDICATION MAY BE SUBSTITUTED BY PHARMACY

Date: Time: Name: 4

☐ UNLESS THIS BOX IS CHECKED, A FORMULARY EQUIVALENT MEDICATION MAY BE SUBSTITUTED BY PHARMACY

Patient Name Luis Hernandez, Modesto Physician Dr Loberg

Allergies NKDA 1/16DM



## Patient Physical History Sheet

Patient Name: Luis-Hernandez Modesto SID# 21941589

Date	Physician Notes
6/28/22 G.W.	<u>Routine</u> cont c/o Numbness/shoulder + L leg since 10/81 fall - will ask for ortho consult for evaluation to see if further imaging w/ ↳ warranted  Llobin m
	COPY

COPY



# MARION COUNTY JAIL

## Patient Physical History Sheet

**COPY**

Patient Name: Luis Hernandez Modesto SID# 21941529

Date	Physician Notes
11/29/21 705	Review 2 hrs long to be off work - until full resolution of back/thigh pain <i>L. Hernandez</i>
11/9/21 605	Review Tisimpori started for BP - releases well. N/C but monitor at 2x/week - Review JUNE <i>L. Hernandez</i>
11/11/21 730	Review Referring BP v's - N/C <i>L. Hernandez</i>
12/20/21 845	Review BP fine w/ lisimpori - N/C <i>L. Hernandez</i>
1/20/22 815	(8) m for cont'd multiphasic since 12/21 injury L shoulder, L arm, L knee - states he needs to be sent out for imaging - told by FNP - nothing in note (6) neck - w/ pain L shoulder - w/ strength - ROM normal L knee - w/ L ankle - w/ PTN - 8+ knee, 10 ankle. Groom - 2 no hernia (4) 1 Multiple ms c/o 5 objective findings (1) 1 Told no reason for advanced imaging (2) off work due to injury c/o (3) shoulder exercises <i>L. Hernandez</i>



# MARION COUNTY JAIL

## Patient Physical History Sheet

COPY

Patient Name: Luis Hernandez Modesto

SID# 21941929

Date	Physician Notes
10/19/21 sus	<p>⑤ brought in for eval - slipped on floor + fell C side - cl. pain L low back + upper leg - like if prior fx 2 feet + pain going up stairs</p> <p>⑥ am - mild pain ms - ul rom hip TRP along hamstrings + low back knee - wnl ul rom foot - no obvious deformity</p> <p>⑦ 1) acute Low back + thigh strain 2) L foot pain</p> <p>⑧ 1) LBLT 2) off wall 3) IBN TEN x 14d methocarbamol 500mg TEN x 7d</p>
10/22/21 0820	<p>⑤ Reports injury when mopping and slipped on wet floor. "cl did the splits." States hurts so bad "I can't sit." Pain is worse in back of @ thigh and front of @ groin from L @ abd to @ groin Already taking Tylenol 800mg tid and Robaxin 500mg tid x 7 days.</p> <p>⑥ NAD. Spanish speaking interpreter present. MSK - TRP @ hamstring, @ low back and L @ @ groin. No swelling or deformity. No heat. ⑦ Acute @ back and @ thigh strain</p> <p>⑧ ↑ Robaxin 1000mg tid x 7 days. Tylenol 1000mg bid x 30 days socks + deck shoes. LBLT. — Amella FNPc</p>



Electronically Signed By: Elliott, Sean ANP 03/21/2022 12:36:38 PM



1600 State Street  
Salem, OR 97301  
Phone: 503-540-6300  
Fax: 503-540-6404  
www.hopeorthopedics.com

PATIENT ID: 107000074752

PATIENT: MODESTO LUIS HERNANDEZ

DATE OF BIRTH: 07/24/1969

EXAM DATE: 03/17/2022

ACCESSION #: 1657468

REFERRED BY: SEAN ELLIOT ANP

**MR LT HAMSTRING****HISTORY**

Injury 3 months ago, pain and weakness.

**COMPARISON****STUDIES**

Radiographic series 02/23/2022

**TECHNIQUE**

Multiplanar sequences with T1, intermediate, T2, and/or T2\*-weighted image contrast.

**FINDINGS**

**Hamstring complex:** The common hamstring tendon is avulsed from the ischial tuberosity origin and is retracted distally by 4 cm. Moderate fatty atrophy of the semimembranosus, semitendinosis, and biceps femoris muscles.

**Remainder of muscle and tendon groups:** Unremarkable.

**Osseous:** No fracture or destructive process.

**General:** No soft tissue mass. Small amount of fluid in the trochanteric bursa.

**IMPRESSION**

1. Common hamstring complex tendon: Avulsed from the ischial tuberosity origin and is retracted distally by 4 cm. Moderate fatty atrophy semimembranosus, semitendinosis and biceps femoris muscles.

Electronically signed by Stephen F. Quinn, M.D. (Friday, March 18, 2022 1:57:52 PM)

SUBSPECIALTY INTERPRETATION PROVIDED BY

THANK YOU FOR ENTRUSTING YOUR PATIENT'S CARE TO US.





1600 State Street  
Salem, OR 97301  
Phone: 503-540-6300  
Fax: 503-540-6404  
www.hopeorthopedics.com

**PATIENT ID:** 107000074752

**PATIENT:** MODESTO LUIS HERNANDEZ

**DATE OF BIRTH:** 07/24/1969

**EXAM DATE:** 03/17/2022

**ACCESSION #:** 1657469

**REFERRED BY:** SEAN ELLIOT ANP

**MR SHOULDER - LEFT**

**HISTORY**

Dislocation, posterior pain, evaluate for labral tear

**COMPARISON**

**STUDIES**

Radiographic series 02/23/2022

**TECHNIQUE**

Multiplanar sequences with T1, intermediate, T2, and/or T2\*-weighted image contrast.

**FINDINGS**

**ROTATOR CUFF:** Moderate severity supraspinatus and infraspinatus tendinopathy. Advanced fatty atrophy teres minor muscle. Subscapularis tendon severely attenuated lateral 2.5 cm secondary to near complete partial-thickness articular surface tearing.

**CORACOACROMIAL ARCH:** AC joint mild osteoarthritis with loss of articular cartilage, cortical irregularities and osseous remodeling.

**GLENOHUMERAL JOINT:** Long head of biceps tendon mildly medially subluxed with tendinopathy. Diffuse complex tearing of the superior and anterior labral segments. Osteochondral abnormality with loss of articular cartilage and cortical irregularities anterior inferior glenoid.

**OSSEOUS/BONE MARROW:** No fracture or significant osseous abnormality.

**GENERAL:** Small amount of subacromial bursal fluid with synovitis.

**IMPRESSION**

1. Rotator cuff tendon complex: Moderate severity supraspinatus and infraspinatus tendinopathy. Advanced fatty atrophy teres minor muscle. Subscapularis tendon severely attenuated lateral 2.5 cm secondary to near complete partial-thickness articular surface tearing.
2. AC joint: Mild osteoarthritis.
3. Glenohumeral joint complex: Long head of biceps tendon mildly medially subluxed with tendinopathy. Diffuse complex tearing of the superior and anterior labral segments. Osteochondral abnormality anterior inferior glenoid with loss of articular cartilage and cortical irregularities.

Electronically signed by Stephen F. Quinn, M.D. (Friday, March 18, 2022 1:49:57 PM)



MODESTO LUIS HERNANDEZ (107000074752)

MR - Shoulder - Left on 03/17/2022

*SUBSPECIALTY INTERPRETATION PROVIDED BY*

**R A D  O U R C E**

THANK YOU FOR ENTRUSTING YOUR PATIENT'S CARE TO US.





## REQUEST FOR AND REPORT OF CONSULTATION

MARION COUNTY JAIL  
MEDICAL DEPARTMENT  
4000 AUMSVILLE HWY S.E.  
SALEM, OR 97317

DATE 5-17-2022

NAME LUIS - HERNANDEZ, MODESTO DOB 7-24-69 SID 21941529

CONSULTANT HOPE ORTIZ

PHYSICIAN REQUESTING CONSULTATION \_\_\_\_\_

PROBLEM (REASON FOR REQUEST) (L) shoulder rotator cuff tear  
(L) proximal hamstring rupture.

### EVALUATION

S. \_\_\_\_\_

O. \_\_\_\_\_

A. \_\_\_\_\_

P. \_\_\_\_\_

DIAGNOSIS \_\_\_\_\_

RECOMMENDATIONS (L) shoulder rotator cuff repair  
(L) hamstrings -> physical therapy

CONSULTANT SIGNATURE [Signature] DATE 5/17/2022

☐ REPORT EXTENDED TO PROGRESS NOTES

MCJ REV 2019





## REQUEST FOR AND REPORT OF CONSULTATION

MARION COUNTY JAIL  
MEDICAL DEPARTMENT  
4000 AUMSVILLE HWY S.E.  
SALEM, OR 97317

DATE 3-30-2022

MODESTO

NAME LUIS - HERNANDEZ DOB 7-24-69 SID 21941529CONSULTANT Hope ORTAD

PHYSICIAN REQUESTING CONSULTATION \_\_\_\_\_

PROBLEM (REASON FOR REQUEST) \_\_\_\_\_

## EVALUATION

S. \_\_\_\_\_

O. \_\_\_\_\_

A. \_\_\_\_\_

P. \_\_\_\_\_

DIAGNOSIS L RCT SUB SCOP. OCD.

Glenoid - Labral Complete Herniation Tear  
(L)

RECOMMENDATIONS Route Apt. 5 DR e/kh  
for FLU L-Shoulder + Herniation

CONSULTANT SIGNATURE

3-30-2022

DATE

☐ REPORT EXTENDED TO PROGRESS NOTES

MCJ REV 2019





## REQUEST FOR AND REPORT OF CONSULTATION

MARION COUNTY JAIL  
MEDICAL DEPARTMENT  
4000 AUMSVILLE HWY S.E.  
SALEM, OR 97317

DATE 2/23/2022NAME Luis - Hernandez, Modesto DOB 7-24-69 SID 21941529CONSULTANT HOPE ORTHO

PHYSICIAN REQUESTING CONSULTATION \_\_\_\_\_

PROBLEM (REASON FOR REQUEST) \_\_\_\_\_

## EVALUATION

S. GLF Splits Fell L-Shoulder Pain  
 O. (L) and Humerus H.P. OK. Knee OK Humerus  
 A. 3/5 L - weak & Pain. L Shoulder  
 P. + Imp-mnt Symptom & L- weakness rotation cuff  
Suspect Humerus Tear. L - Partial vs. Full cuff  
✓ Plm. Humerus (L) Shoulder today MRI L Humerus  
FLU p Abc.

## DIAGNOSIS

Humerus Sprain (L) Rotator cuff Dysfunction  
(L)

## RECOMMENDATIONS

Inj. L-Shoulder today if 1st  
Symptoms (Pain) Recommend MRI & Arthroscopy L-Shoulder  
MRI L Humerus FLU p MRI L Humerus

CONSULTANT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

☐ REPORT EXTENDED TO PROGRESS NOTES

MCJ REV 2019



**Hope Therapy Services**

1600 State St  
 Salem, OR 97301-4257  
 Phone: (503)540-6472  
 Fax: (503) 540-6480

**Date:** August 30, 2022  
**Patient Name:** Luis Hernandez Modesto **MR #:**  
**Date of Birth:** 07/24/1969 **Phone:** (503)588-6815  
**Insurance:** Marion County Sheriffs Office

**HOPE THERAPY SERVICES INITIAL EVALUATION**

**MEDICAL DIAGNOSIS:** M75.121 Nontraumatic complete tear of right rotator cuff (M75.121)

**TREATING DIAGNOSIS:** M25.512 Pain, joint, shoulder, left (M25.512)  
 M25.612 Stiffness of left shoulder joint (M25.612)  
 M62.81 Muscle weakness (generalized) (M62.81)

**PRECAUTIONS /**

**CONTRAINDICATIONS:** None  
**TOTAL TREATMENT TIME:** 40 minutes  
**DATE OF ONSET:** 07/19/2022  
**TREATMENT STARTED:** 08/30/2022  
**VISIT#:** 1  
**TIME IN:** 9:10  
**TIME OUT:** 10:00

**TREATING THERAPIST:** Jennifer F. Truax MSPT ATC R  
**REFERRING PROVIDER:** Donna Millan FNP -- *Elkin*

**Body Part / Injury:** Left Shoulder

**Surgical Procedure**

L RCR with biceps tenodesis **Date:** 07/19/2022 **Days post op:** 1 Month 11 Days

**Pain level at rest:** 3/10

**Pain level during activity:** 4/10

**PQRS:****Subjective**

Luis presents to PT today w a Spanish Speaking Interpreter and a Sheriff Transport guard. He is 6 weeks s/p R RCR with bicep tenodesis and was sent to PT for a HEP instruction to use while in prison.

**Date:** August 30, 2022 **Page:** 1 **Patient's Name:** Luis Hernandez Modesto  
**Document Name:** NW PT Initial Eval **MR#:**



He is using pain meds and asks when he can come off of them. He agrees to approach this question at his follow up.

He c/o LE pain as well and asks about an injury to his L leg. We deferred this for now given he has not had any PT since surgery and he is 6 weeks s/p.

## **Objective**

Interpreter present: David Ramirez ID: 12709

Initial evaluation complete. Neurovascular status intact. Pt educated on current surgical procedure and expectations of rehab.

Instructed and demonstration of  
HEP (HO provided) which includes:

Access Code: X94PWBDV

Seated Shoulder Flexion Towel Slide at Table Top - 2-3 x daily - 7 x weekly - 2-3 sets - 10-15 reps

Scaption Wall Slide with Towel -

Seated Shoulder Shrugs -

Seated Scapular Retraction -

Seated Elbow Flexion AAROM -

Seated Upper Trapezius Stretch (Mirrored) -

Pt has limitations given the prison environment.

**Initial Eval:** PT-low complexity 15 minutes. No personal factors or co-morbidities. Presents with stable and uncomplicated characteristics.

**Ther Ex:** 25 minutes  
TherEx was performed to HEP Education.

## **Shoulder Evaluation**

### **Range of Motion**

#### **RIGHT**

Flexion	Active: 170	Strength: 5/5
Abduction	Active: 170	Strength: 5/5

#### **LEFT**

Flexion	Active: 60	Passive: 115
Abduction	Active: 30	Passive: 115

## **Assessment**

Patient presents to therapy s/p Lt RCR. Pt demonstrates a good understanding of the surgical procedure and HEP. The clinical findings support the medical necessity to implement physical therapy treatment. Pt presents with deficits in ROM and strength. Pt would benefit from therapy to increase ROM and strength and decrease pain to return to prior level of function as described in the eval.

Rehab potential is expected to be good

Patient's motivation appears to be good

Patient's understanding of the condition is good

**Date:** August 30, 2022

**Page:** 2

**Patient's Name:** Luis Hernandez Modesto

**Document Name:** NW PT Initial Eval

**MR#:**



**Plan**

Patient to be seen as listed to meet goals. Will progress ROM and strength per MEDIUM/LARGE RCR protocol and as appropriate. Modalities as needed for pain control. Patient was informed of evaluation findings, involved in goal development and education. Given evaluation findings, the prognosis is GOOD with respect to achieving the above listed goals.

I will give Tommy Vu his advancement exercises for phase II of his rehab process. :

**Exercises**

Range of motion  
Strengthening  
Home exercise program

**Frequency:** 1 times per week

**Duration:** 1 week(s)

**GOALS****Short Term Goals**

Maintain integrity of repair by Following precautions and adhering to sling usage

**To be met in 1 weeks To be met by 08/30/2022**

Pt compliance with HEP 2-3x daily

**To be met in 2 weeks**

Increase PROM flexion to 115 deg

**To be met in 3 weeks To be met by 08/30/2022**

Pt to begin transition out of sling abd pillow 08/30/2022

*I have reviewed and agree with today's treatment.*

**I certify the need for these services for up to 90 days under this plan of treatment and while under my care.**

**Provider**



**Date**

8/30/22

*This document was generated electronically through NextGen EMR system.*

Electronically signed by Jennifer F. Truax MSPT ATC R on 08/30/2022 11:07 AM

**Date:** August 30, 2022

**Page:** 3

**Patient's Name:** Luis Hernandez Modesto  
**MR#:**

**Document Name:** NW PT Initial Eval



July 27, 2023

TO: Willamette Surgery Center  
c/o Medical Records  
P.O. Box 13730  
Salem, OR 97309

From: Modesto Luis-Hernandez  
SID# 21941529  
SRCI  
777 Stanton Blvd.  
Ontario, OR 97914

RE:  
Dear/To whom it may concern,

I am requesting a copy of all medical records pertaining to all of my visits to your facility from around September 2021 until around August 2022. I am requesting this information for my previous surgeries and any medical care provided, including any additional notes taken or recorded by my attending medical care providers at the time.

My information is as follows:

Name: Modesto Luis-Hernandez

DOB: 7-24-1969

Respectfully, Luis Hernandez Modesto

cc. Orthopedics of Oregon  
c/o Medical Records  
1600 State St  
Salem, OR 97301

Modesto Luis-Hernandez  
SID# 2194152 9  
SRCI  
777 Stanton Blvd  
Ontario, OR 97914

AUG 07 2023





Page 1 of 1

07/18/2022 07:30:49 AM

Report Status: Final

LUZS-HERNANDEZ, MODESTO

Patient Information	Specimen Information	Client Information
<b>LUZS-HERNANDEZ, MODESTO</b>  <b>DOB: 07/24/1969 AGE: 52</b> <b>Gender: M Fasting: U</b> <b>Phone: NG</b> <b>Patient ID: 21941529</b>	<b>Specimen: OW967624R</b> <b>Requisition: 7043311</b>  <b>Collected: 07/16/2022 / 02:56 PDT</b> <b>Received: 07/17/2022 / 08:18 PDT</b> <b>Reported: 07/18/2022 / 07:20 PDT</b>	<b>Client #: 31006202 SL00005</b> <b>LOBERG, LANCE G</b> <b>MARION COUNTY CORRECTIONAL</b> <b>4000 AUMSVILLE HWY SE</b> <b>SALEM, OR 97301-9112</b>

## SARS-CoV-2 (COVID-19) Tests

Test Name	Result	Reference Range	Lab
SARS-CoV-2 RNA (COVID-19), QUALITATIVE NAAT			MM
SARS-CoV-2 RNA	NOT DETECTED	NOT DETECTED	
<p>A Not Detected result means that SARS-CoV-2 RNA was not present in the specimen above the limit of detection.</p> <p>A Not Detected result does not rule out the possibility of COVID-19 and should not be used as the sole basis for treatment or patient management decisions. If COVID-19 is still suspected, based on exposure history together with other clinical findings, re-testing should be considered in the context of clinical observations and epidemiological data for patient management decisions.</p> <p>Test Method: Nucleic Acid Amplification Test including reverse transcription polymerase chain reaction (RT-PCR) and transcription mediated amplification (TMA). The test method meets the US Centers for Disease Control and Prevention (CDC) pre-departure and arrival requirement for viral test for COVID-19 dated January 28, 2021. Testing requirements for traveling may change with time. The patient is responsible for determining the test requirements for each nation while they are traveling.</p> <p>This test has been authorized by the FDA under an Emergency Use Authorization (EUA) for use by authorized laboratories.</p> <p>Please review the "Fact Sheets" and FDA authorized labeling available for health care providers and patients using the following websites: <a href="https://www.questdiagnostics.com/home/Covid-19/HCP/NAAT/fact-sheet2">https://www.questdiagnostics.com/home/Covid-19/HCP/NAAT/fact-sheet2</a> <a href="https://www.questdiagnostics.com/home/Covid-19/Patients/NAAT/fact-sheet2">https://www.questdiagnostics.com/home/Covid-19/Patients/NAAT/fact-sheet2</a></p> <p>Due to the current public health emergency, Quest Diagnostics is accepting samples from appropriate clinical sources collected using wide variety of swabs and transport media for COVID-19. Not detected test results derived from specimens received in non-commercially manufactured viral collection kits or those not yet authorized by FDA for COVID-19 testing should be cautiously evaluated and take extra precautions such as additional clinical monitoring, including collection of an additional specimen.</p> <p>Additional information about COVID-19 can be found at the Quest Diagnostics website: <a href="http://www.QuestDiagnostics.com/Covid19">www.QuestDiagnostics.com/Covid19</a></p> <p>For patients with a Detected or Inconclusive test result, please see CDC's COVID-19 Treatments and Medications page located at <a href="https://www.cdc.gov/coronavirus/2019-ncov/your-health/treatments-for-severe-illness.html">https://www.cdc.gov/coronavirus/2019-ncov/your-health/treatments-for-severe-illness.html</a> for information on COVID-19 therapeutics.</p> <p>For patients with a Not Detected test result, please see CDC's Vaccines for COVID-19 page located at <a href="https://www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html">https://www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html</a> for information on COVID-19 vaccines.</p>			
Physician Comments:			

## PERFORMING SITE:

NW QUEST DIAGNOSTICS SEATTLE, 1737 AIRPORT WAY, 3 SUITE 200, SEATTLE, WA 98134-1436 Laboratory Number: RCHMR W ORA04M03 071A 50000000

COPY

CLIENT SERVICES: 1-866-MYQUEST

SPECIMEN: OW967624R

PAGE 1 OF 1

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**Hope Orthopedics Of Oregon**

1600 State St  
 Salem, OR 97301-4257  
 Phone: (503)540-6300  
 Fax: (503) 540-6404

Patient: **Modesto Luis Hernandez**  
 Date of Birth: 07/24/1969  
 Date: 07/12/2022 2:18 PM  
 Visit Type: Pre-Operative Visit  
 Provider: Yon Gomez PA-C  
 Historian: self

This 52 year old client presents for left shoulder Pain.

**History of Present Illness****1. left shoulder Pain****Subjective:**

52-year-old male who presents today for preoperative evaluation of his left shoulder. Patient is scheduled to undergo a left shoulder arthroscopy, rotator cuff repair, subacromial decompression, extensive debridement, biceps tenodesis on 07/19/2022.

Today patient rates his pain as a 6/10. Patient reports no significant changes to the shoulder since last examination.

**Problem List**

Problem Description	Onset Date	Chronic	Clinical Status	Notes
Impingement syndrome, shoulder, left		N		
Superior labrum anterior-to-posterior (SLAP) tear of left shoulder		N		
Traumatic partial tear of left biceps tendon, subsequent encounter		N		
Full thickness tear of left subscapularis		N		



tendon, subsequent  
encounter

### Past Medical History (Detailed)

Patient reported no relevant past medical/surgical history.

### Medication Reconciliation

Medications reconciled today.

Patient is on no medications.

### Allergies:

Ingredient	Reaction (Severity)	Medication Name	Comment
NO KNOWN ALLERGIES			

### Family History

(Detailed)

Patient reports there is no relevant family history.

### Social History (Detailed)

Tobacco use reviewed.

Preferred language is Spanish; Castilian.

Tobacco use status: Current non-smoker.

Smoking status: Never smoker.

### Tobacco Screening

Patient has never used tobacco. Patient has not used tobacco in the last 30 days. Patient has not used smokeless tobacco in the last 30 days.

### Smoking Status

Type	Smoking Status	Usage Per Day	Years Used	Pack Years	Total Pack Years
	Never smoker				



**Review of Systems**

System	Neg/Pos	Details
Constitutional	Negative	Fatigue, Fever and Night sweats.
Eyes	Negative	Vision loss.
Respiratory	Negative	Cough and Dyspnea.
Cardio	Negative	Chest pain, Cyanosis and Irregular heartbeat/palpitations.
GI	Negative	Constipation, Diarrhea, Nausea and Vomiting.
GU	Negative	Dysuria, Hematuria and Urinary incontinence.
Endocrine	Negative	Cold intolerance and Heat intolerance.
Neuro	Negative	Difficulty walking, Dizziness and Headache.
Integumentary	Negative	Rash.
MS	Negative	Except as noted in HPI and Chief complaint.
Hema/Lymph	Negative	Easy bleeding and Easy bruising.
Allergic/Immuno	Negative	Environmental allergies and Food allergies.

**Vital Signs****Height**

Time	ft	in	cm	Last Measured	Height Position	Measured By
2:45 PM	5.0	3.50	161.29	07/12/2022	Standing	Erin Howard

**Weight/BSA/BMI**

Time	lb	oz	kg	Context	BMI kg/m2	BSA m2	Measured By
2:45 PM	190.00		86.183		33.13		Erin Howard

**Blood Pressure**

Time	BP mm/Hg	Position	Side	Site	Method	Cuff Size	Measured By
2:45 PM	126/78	standing	right	arm	manual	adult large	Erin Howard

**Temperature/Pulse/Respiration**

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/min	Measured By
2:45 PM	97.3	36.28	temporal	64			Erin Howard

**Pain Scale**

Time	Pain Score	Method	Measured By
2:45 PM	6/10	Numeric Pain Intensity Scale	Erin Howard



**Exam:**

On physical exam patient is in no distress. Alert and oriented to time and place. Breathing is unlabored.

Respiratory: Chest clear. Even and unlabored. Clear to Auscultation. Non-labored breathing and no audible wheezing

Cardiovascular: Regular heart rate and rhythm. No audible murmurs or extra sounds.

**Left shoulder exam:**

Inspection: There is no visible swelling, ecchymosis, skin lesions, scapular winging, or muscle atrophy present.

Palpation: No focal tenderness to palpation about the bicipital groove, anterior over the AC joint, or posteriorly.

Neurovascular: Distally patient has palpable 2+ radial pulse. Sensation is normal in axillary, median, ulnar, and radial nerve distributions.

**Range of Motion:**

Forward flexion: 170

Abduction: 90

External rotation in abduction: 90

External rotation at the side: 60

Internal rotation: T10

**Muscle strength is:**

5/5 in scaption

5/5 external rotation

4/5 internal rotation

**Indication/Type of Treatment:**

Indication	Type of Treatment	Side	Region	Initial Treatment Date	Global Days	Status
Impingement syndrome, shoulder, left	Arthscopy shldr decompression	Left	Shoulder	07/19/2022		scheduled
Full thickness tear of left subscapularis tendon, subsequent encounter	Arthroscop Rotator Cuff Repair	Left	Shoulder	07/19/2022		scheduled
Traumatic partial tear of left biceps tendon, subsequent encounter	ARTHROSCOPY BICEPS TENODESIS	Left	Shoulder	07/19/2022		scheduled
Superior labrum anterior-to-posterior (SLAP) tear of left shoulder	Extensive debridement	Left	Shoulder	07/19/2022		scheduled

**Clinical Assessment:**



**MEDVANTAGE**

PH: (888) 412-8087 • Fax: (888) 522-0355  
2134 S Richards Street • Salt Lake City, UT 84115

**PATIENT DIRECT AGREEMENT  
DVT PREVENTION SYSTEM**

PLEASE COMPLETE ALL ITEMS IN YELLOW

**Letter of Medical Necessity / Assignment of Benefits**

Items Provided to Patient by MedVantage: Intermittent Pneumatic Compression Device and All Accessories

**LUIS HERNANDEZ, MODESTO**

DOB: 07/24/1969 (52) DOS: 07/19/2022

Gender: Male MRN: 400776

Physician: Elkin, Daniel



VENAFLOW ELITE CALF CUFF LOT# TJ02240220605

☐ AT-HOME DVT Prevention System**1.) Assignment of Benefits (AOB) and Authorization to Release Information:**

I understand that signing this form authorizes MedVantage and/or billing affiliates (BA) to submit claims directly on my behalf to my insurance carrier(s) or other health or medical plans. I also understand that signing this form assigns to MedVantage (BA) my right to payment of any and all healthcare or medical benefits for the items described above. This means MedVantage (BA) will receive direct payment for these items. I understand that signing this form authorizes MedVantage (BA) to acquire from the surgery center, and to release to my insurance carrier(s) and any other of my health or medical plans, any information necessary to process this or a related medical claim. I agree MedVantage (BA) may contact me for any additional information necessary to process this claim. I understand that after my surgery I will receive an Explanation of Benefits (EOB) document from my health insurance company which explains how the insurance company processed a claim for products / services by MedVantage (BA). Further, I understand that the EOB is not a bill or invoice, and I have read and understand the information on the back of this form. I agree should I have questions regarding the applicable EOB that I am to call MedVantage (BA) and not the surgery center or physician for information. If I receive a check from my insurance carrier for this service, I agree to endorse and forward-on to MedVantage or its designated affiliate at 2134 S Richards Street, Salt Lake City, UT 84115.

**X**

Signature of Patient / Responsible Patient Representative

Date

**1 Point Risk Factors**

- ☐ Age 41-60 years
- ☐ Minor Surgery planned
- ☐ History of prior Major Surgery
- ☐ Varicose Veins
- ☐ History of inflammatory bowel disease
- ☐ Swollen legs (current)
- ☐ Obesity (BMI > 25)
- ☐ Acute Myocardial Infarction (<1 month)
- ☐ Congestive Heart Failure (< 1 month)
- ☐ Sepsis (<1 month)
- ☐ Serious lung disease, including Pneumonia (< 1 month)
- ☐ Abnormal Pulmonary Function (COPD)
- ☐ Medical patient currently at bed rest
- ☐ Leg Plaster Cast or Brace
- ☐ Use of Tourniquet
- ☐ General Anesthesia (>30 minutes)
- ☐ Oral Contraceptive or Hormone Replacement Therapy
- ☐ Pregnancy or Postpartum (< 1 month)
- ☐ History of unexplained stillborn infant, recurrent spontaneous abortion (≥3), premature birth with toxemia or growth-restricted infant

**2 Point Risk Factors**

- ☐ Age 61-74 years
- ☐ Major Surgery (> 45 minutes)
- ☐ Arthroscopic Surgery
- ☐ Laparoscopic Surgery (> 45 minutes)
- ☐ Previous Malignancy
- ☐ Central Venous Access
- ☐ Morbid Obesity (BMI > 40)

**3 Point Risk Factors**

- ☐ Age 75 years and over
- ☐ Major Surgery lasting 2-3 hours
- ☐ BMI > 50 (Venous Stasis Syndrome)
- ☐ History of SVT, DVT/PE
- ☐ Family History of DVT/PE
- ☐ Present Cancer or Chemotherapy
- ☐ Positive Factor V Leiden
- ☐ Positive Prothrombin 20210A
- ☐ Elevated Serum Homocysteine
- ☐ Positive Lupus Anticoagulant
- ☐ Elevated Anticardiolipin Antibodies
- ☐ Hepa:in-induced Thrombocytopenia (HIT)
- ☐ Other Thrombophilia

**5 Point Risk Factors**

- ☐ Elective Major Lower Extremity Arthroplasty
- ☐ Hip, Pelvis or Fracture (< 1 month)
- ☐ Stroke (< 1 month)
- ☐ Multiple Trauma
- ☐ Acute Spinal Cord Injury (Paralysis) (< 1 month)
- ☐ Major Surgery lasting over 3 hours

**Surgical Risk Factors**

- ☐ Revision Surgery
- ☐ Extensive Surgical Dissection
- ☐ Previous Major Bleeding
- ☐ Difficult-to-Control Bleeding During Current Operative Procedure

**TOTAL RISK FACTOR SCORE:**☐ High Risk: 3+ Points☐ Moderate Risk: 2 Points

Length of Need: 1 (Unit)

Due to this patient's risk for developing deep vein thrombosis, I am prescribing mechanical DVT prophylaxis because of the following:

- ☐ My patient has been prescribed antibiotics, NSAIDs or other medication documented by pharmaceutical manufacturers to have contraindications with anticoagulants, causing major interactions including but not limited to allergic skin reactions and excess bleeding
- ☐ My patient has been prescribed mechanical prophylaxis AND anticoagulants because of their level of risk.

American Journal of Medicine, Feb. 2012, Allergy, 2006 Dec; 61 (12) 1432-40, Cochrane Database of Systematic Reviews 2008, Issue 4, Epocrates.com

Please Write ICD-10 Codes Here

**2.) Letter of Medical Necessity / Physician Order**

Deep Vein Thrombosis (DVT) is a significant risk factor for patients undergoing surgery and immobilized patients. Prevention of DVT is more effective than treatment and an important aspect of patient care before, during and after surgery. I have assessed this patient's risk of developing DVT due to age, type of surgery, patient and family medical history, and other documented factors that may increase the risk of DVT. My assessment indicates the use of mechanical thromboprophylaxis by pneumatic compression device and segmental gradient pressure pneumatic appliances. It is my opinion this is medically necessary and reasonable in accordance with accepted standards of practice and appropriate treatment of this patient.

**X**

Physician Signature (OR ATTACH COPY OF SIGNED PHYSICIAN ORDER). Please do not stamp

Printed Name / NPI#

Date





1600 State Street  
Salem, OR 97301  
Phone: 503-540-6300  
Fax: 503-540-6404  
www.hopeorthopedics.com

**PATIENT ID:** 107000074752

**PATIENT:** MODESTO LUIS HERNANDEZ

**DATE OF BIRTH:** 07/24/1969

**EXAM DATE:** 03/17/2022

**ACCESSION #:** 1657469

**REFERRED BY:** SEAN ELLIOT ANP

**MR SHOULDER - LEFT**

**HISTORY**

Dislocation, posterior pain, evaluate for labral tear

**COMPARISON**

**STUDIES**

Radiographic series 02/23/2022

**TECHNIQUE**

Multiplanar sequences with T1, intermediate, T2, and/or T2\*-weighted image contrast.

**FINDINGS**

**ROTATOR CUFF:** Moderate severity supraspinatus and infraspinatus tendinopathy. Advanced fatty atrophy teres minor muscle. Subscapularis tendon severely attenuated lateral 2.5 cm secondary to near complete partial-thickness articular surface tearing.

**CORACOACROMIAL ARCH:** AC joint mild osteoarthritis with loss of articular cartilage, cortical irregularities and osseous remodeling.

**GLENOHUMERAL JOINT:** Long head of biceps tendon mildly medially subluxed with tendinopathy. Diffuse complex tearing of the superior and anterior labral segments. Osteochondral abnormality with loss of articular cartilage and cortical irregularities anterior inferior glenoid.

**OSSEOUS/BONE MARROW:** No fracture or significant osseous abnormality.

**GENERAL:** Small amount of subacromial bursal fluid with synovitis.

**IMPRESSION**

1. Rotator cuff tendon complex: Moderate severity supraspinatus and infraspinatus tendinopathy. Advanced fatty atrophy teres minor muscle. Subscapularis tendon severely attenuated lateral 2.5 cm secondary to near complete partial-thickness articular surface tearing.
2. AC joint: Mild osteoarthritis.
3. Glenohumeral joint complex: Long head of biceps tendon mildly medially subluxed with tendinopathy. Diffuse complex tearing of the superior and anterior labral segments. Osteochondral abnormality anterior inferior glenoid with loss of articular cartilage and cortical irregularities.

Electronically signed by Stephen F. Quinn, M.D. (Friday, March 18, 2022 1:49:57 PM)



**WILLAMETTE SURGERY CENTER PC**

1445 State Street, Salem, OR 97301  
503-365-3965

**OPERATIVE NOTE**

**PATIENT:** Modesto Luis Hernandez  
**DATE OF BIRTH:** 07/24/1979  
**ENCOUNTER DATE:** 07/19/2022  
**SURGEON:** Daniel Elkin MD

**PREOPERATIVE DIAGNOSIS:**

1. Left shoulder rotator cuff tear of subscapularis
2. Left shoulder degenerative labral fraying
3. Left shoulder biceps tendon tear proximal
4. Left shoulder superior labrum anterior-posterior tear

**POSTOPERATIVE DIAGNOSIS:**

1. Left shoulder rotator cuff tear of subscapularis
2. Left shoulder degenerative labral fraying
3. Left shoulder biceps tendon tear proximal
4. Left shoulder superior labrum anterior-posterior tear

**PROCEDURE:**

1. Left shoulder arthroscopic rotator cuff repair
2. Arthroscopic biceps tenodesis
3. Extensive debridement

**ASSISTANT:** Yon Gomez, P.A.-C

**ANESTHESIA:** LMA with interscalene nerve block per Dr. Lloyd

**SPECIMENS:** None

**EBL:** Minimal

**COMPLICATIONS:** None

**POSTOP CONDITION:** Stable to recovery

**INDICATIONS:** The patient is a 52-year-old gentleman with the above diagnoses. He failed conservative treatment. He continues to have pain refractory to conservative measures and therefore was indicated for the above procedure.

**DESCRIPTION OF PROCEDURE:** The patient was seen in preoperative holding. Consent was verified. The risks, benefits and alternatives were discussed and the patient wished to proceed. The left shoulder was marked by myself and the patient. The patient was brought to the OR and induced with the above anesthesia. The patient was placed in the lateral decubitus position. All bony prominences were padded. The left upper extremity was prepped and draped in the usual sterile fashion. A surgical time-out was called identifying the left side as the correct side. This correlated with preoperative imaging, markings on the patient and the consent form.

At this point, we began diagnostic arthroscopy from the posterior portal of the glenohumeral joint. The humeral head and glenoid cartilage were intact. There was degenerative labral fraying anteriorly. There was significant scar tissue about the rotator interval. There was a full thickness tear of the subscapularis without retraction.



The biceps tendon was medially subluxated and there was significant tearing of the superior labrum at the bicipital attachment.

At this point, an anterior working portal was established. The rotator interval tissue was cleared using the RF device as well as a motorized shaver. The subcoracoid space was developed. There was no subcoracoid impingement. We performed an extensive debridement of the degenerative labral tissue as well as the capsular and rotator interval tissue.

We then performed a Loop 'n Tack biceps tenodesis using the FiberLink. The biceps was resected from the superior glenoid tubercle. We next used the scorpion to pass two SutureTapes through the subscapularis. These SutureTapes as well as the biceps suture were placed into an Arthrex 4.75 mm SwiveLock and this was inserted into the lesser tuberosity for anatomic restoration of the subscapularis and for the arthroscopic biceps tenodesis. We had excellent purchase on the anchor. The tails were cut flush. The repair was stable to probing as well as internal and external rotation.

We next entered the subacromial space. A bursectomy was accomplished. The undersurface of the acromion was visualized. There was no spurring. The superior aspect of the rotator cuff was visualized from the bursal surface and there was no tearing. We therefore did not do any work in this region.

The shoulder was drained of arthroscopic fluid. The portals were closed in interrupted fashion using 3-0 Vicryl followed by 3-0 nylon sutures. A sterile dressing was applied. The patient was awakened from anesthesia and brought to PACU in stable condition.

Yon Gomez, P.A.-C, a trained surgical assistant, was necessary for multiple parts of the procedure including positioning, retraction, placement of implants, arm and camera manipulation and closure.

**DISPOSITION:** The patient will be in a sling for four weeks. No active biceps lifting. Active elbow, wrist and hand range of motion would be permitted. No active shoulder motion for four weeks. He will be on aspirin for four weeks for DVT prophylaxis.

---

Daniel Elkin, M.D.

DE:jsc

D: 07/19/22 – 08:52

T: 07/19/22 – 18:34

#0719-074



Facility Name

068 MCI

Month/Year

June, 2022

Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Covid Test- PCR on 7-12-22	400																													
RN Init. <i>ce</i> START DATE 6/17/2022 STOP DATE 7-12-22																														
NPO at Midnight on 7-19-22 for 7-26-22 surgery																														
RN Init. <i>ce</i> START DATE 6/17/2022 STOP DATE 7-26-22																														
ASA 8mg po QD X 4 weeks after surgery	09																													
RN Init. M.M. START DATE 7-15-22 STOP DATE 08-17-22																														
Tylenol #3 2 po TID X 7 days after surgery then ↓	09 14 20																													
RN Init. M.M. START DATE 7-15-22 STOP DATE																														
Tylenol #3, 1 po TID X 7 days	09 14 20																													
RN Init. M.M. START DATE 7-15-22 STOP DATE 8-17-22																														
Ketorolac 10mg po TID X 5 days	09 14 20																													
RN Init. M.M. START DATE 7-19-22 STOP DATE																														
Sling @ arm X 4 weeks post OP	7 N E O																													
RN Init. M.M. START DATE 7-19-22 STOP DATE																														
RN Init. START DATE STOP DATE																														
RN Init. START DATE STOP DATE																														

ALLERGY	NKDA		DOB: 7-24-69	
DIAGNOSIS				
PATIENT NAME	Luis-Hernandez, Modesto	ID	21941529	WING
				C8 1016
DOCUMENTATION CODES =				
DC - Discontinued Order	R - Refused	S - Self Administered		
DO - Dose Omitted	C - Court	NS - No Show		
H - Medical Hold	LD - Lock Down	O - Other		

NURSE'S SIGNATURE

INITIAL

NURSE'S SIGNATURE

INITIAL

*[Signature]*

C.Gage RN

*ce*

PHARMACY SUGGESTIONS/RECOMMENDATIONS DO NOT SUPERCEDE PHYSICIAN ORDERS

07/18/2022 MON 10:05 FAX

005/005



MARION COUNTY SHERIFF'S OFFICE  
INSTITUTIONS DIVISION

NC 2854

## AIC GRIEVANCE FORM

**INSTRUCTIONS:** Follow the rules in the AIC Handbook regarding the facility's grievance procedures. Fill in the blanks in the first two sections. If you need more room, use additional sheets of paper, not additional grievance forms. If you want to grieve more than one issue, use a grievance form for each issue.

## Reason for Grievance (Check One):

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Conditions of Confinement        | <input checked="" type="checkbox"/> Medical Care | <input type="checkbox"/> General Classification Procedures     |
| <input type="checkbox"/> Participation in AIC Programs    | <input type="checkbox"/> Religious Practices     | <input type="checkbox"/> Telephone, Mail & Visiting Procedures |
| <input type="checkbox"/> Prison Rape Elimination Act-PREA | <input type="checkbox"/> Food Service            | <input type="checkbox"/> AIC Trust Accounts                    |

**AIC's Name:** MODESTO Luis Hernandez **SID:** 21941529 **Cell:** 102  
**Grievance:** About three months ago, I suffered a slip and fall at Delta Pri. While working as a Fed Worker. During my fall, I sustained injuries to my right arm/shoulder and my left leg to include my left testicle area. To this date, I continue to experience daily pain. I also have difficulties sleeping. I was told the jail did not have proper equipment, but I need an MRI or other medical attention.

**AIC Signature:** MODESTO Luis Hernandez **Date / Time:** 01-13-2022

**Receiving Deputy Signature:** GRACIA-HERNANDEZ **#** 215 **Date / Time:** 01/13/22 1446

## Deputy's Response:

Handled in Delta Pri. I will be  
seen.

**Deputy's Signature:** [Signature] **#** 833 **Date / Time:** 1-16-22 1550

**Acceptance of Resolution of Grievance:** Refused **Date / Time:** 1/20/22 7:05

AIC's SIGNATURE

## Supervisor's Review:

Date / Time Received:

You have been seen by the doctor on 1-22-22 & 1-26-22. I have done what I can to help you. I will be back on the medical unit in 15 days. I will be back on the medical unit in 15 days. I will be back on the medical unit in 15 days.

**Supervisor's Signature:** [Signature] **#** 833 **Date / Time:** 1-24-22 1458

**Acceptance of Resolution of Grievance:** Refused **Date / Time:**

AIC's SIGNATURE

## Administrator's Review:

Date / Time Received:

Yes, I have been seen by doctors here and the diagnosis is always the same, nothing conclusive. No answer to what's wrong with me. What I need is to be seen by a hospital doctor and get an MRI to get to the bottom of my ailments/tortures/pain-constant. Please make arrangements.

**Administrator's Signature:**  **#**  **Date / Time:**

**Acceptance of Resolution of Grievance:**  **Date / Time:**

AIC's SIGNATURE



MARION COUNTY SHERIFF'S OFFICE  
INSTITUTIONS DIVISION

NO 2862

## AIC GRIEVANCE FORM

**INSTRUCTIONS:** Follow the rules in the AIC Handbook regarding the facility's grievance procedures. Fill in the blanks in the first two sections. If you need more room, use additional sheets of paper, not additional grievance forms. If you want to grieve more than one issue, use a grievance form for each issue.

## Reason for Grievance (Check One):

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Conditions of Confinement        | <input checked="" type="checkbox"/> Medical Care | <input type="checkbox"/> General Classification Procedures     |
| <input type="checkbox"/> Participation in AIC Programs    | <input type="checkbox"/> Religious Practices     | <input type="checkbox"/> Telephone, Mail & Visiting Procedures |
| <input type="checkbox"/> Prison Rape Elimination Act-PREA | <input type="checkbox"/> Food Service            | <input type="checkbox"/> AIC Trust Accounts                    |

AIC's Name: Molesto Luis Hernandez SID: 21941529 Cell: E5-102

Grievance: Over 3 months ago, I suffered a slip and fall at Delta Pol, while working as a food worker. During my accident, I sustained injuries to my right arm, shoulder and to my left leg - to include soreness & pain to my left testicle. To this date, I continue to experience daily pain to all those areas mentioned above. This incident has also caused me difficulty sleeping. I need to see a hospital DR.

AIC Signature: Molesto Luis Hernandez Date / Time: 1-26-2022Receiving Deputy Signature: S. Anderson # 1266 Date / Time: 01-26-22 1349

## Deputy's Response:

Handled on 1/26/22 via a Supervisor call  
1-26-22.

Deputy's Signature: C. Anderson # 1266 Date / Time: 1-26-22 1355Acceptance of Resolution of Grievance: REFUSED Date / Time: 1-28-2022

AIC's SIGNATURE

## Supervisor's Review:

Date / Time Received: 2-4-22

The doctor has been called and has not found a medical reason for the injury and has recommended that the AIC be evaluated by the doctor.

Supervisor's Signature: C. Anderson # 1266 Date / Time: 2-1-22 0831Acceptance of Resolution of Grievance: REFUSED Date / Time: 2-3-22 0823

AIC's SIGNATURE

## Administrator's Review:

Date / Time Received: 2-4-22 1200

AIC HERNANDEZ, YOU HAVE BEEN EVALUATED BY THE DOCTOR.

Administrator's Signature: Ranger # 118 Date / Time: 2/4/22 0907Acceptance of Resolution of Grievance: REFUSED Date / Time: 2/4/22 0907

AIC's SIGNATURE



1605

**INSTRUCTIONS:** Follow the rules in the AIC Handbook regarding the facility's grievance procedures. Fill in the blanks in the first two sections. If you need more room, use additional sheets of paper, not additional grievance forms. If you want to grieve more than one issue, use a grievance form for each issue.

<input type="checkbox"/> Conditions of Confinement	<input checked="" type="checkbox"/> Medical Care	<input type="checkbox"/> General Classification Procedures
<input type="checkbox"/> Participation in AIC Programs	<input type="checkbox"/> Religious Practices	<input type="checkbox"/> Telephone, Mail & Visiting Procedures
<input type="checkbox"/> Prison Rape Elimination Act-PREA	<input type="checkbox"/> Food Service	<input type="checkbox"/> AIC Trust Accounts

Grievance: As you know I have been hurt in a accident while working. For you guys, the day after the accident, I was hospitalized and remain here hospitalized. I asked medical staff to take me to the hospital in the morning. The nurse is supposed to arrange for me to be discharged but she is not doing so. I am still in the hospital.

Receiving Deputy Signature: [Signature] # 216 Date / Time: 1-22-20 11:20

Join by the New as 2-2-74 I am  
Cuddeh Fisher the last of the  
are all looking to get follow the  
have like old follow the

Acceptance of Resolution of Grievance: 12/11/20 Date / Time: 12/11/20

Date / Time Received: 5-31-77 (7K)

YOU AM GRIEVED THIS ISSUE ON GRIEVANCE FRA NUMBER 1191.  
YOU WERE TRANSPORTED TO AN OUTSIDE CONSULTATION ON  
8-30-22

Supervisor's Signature: DUNBAR 45311 # 79 Date / Time: 8-31-22 1510

Acceptance of Resolution of Grievance: ISSUE not resolved Date / Time: 17-22/7.50

Date / Time Received: 7/6/2018 1:28 PM

This issue was addressed in previous # 1691

Administrator's Signature: [Signature] # 3 Date / Time: 11/14/12

Acceptance of Resolution of Grievance: W/S Helmer Date / Time: 9-8-22 / 10:05AM

Distribution: WHITE – Professional Standards Unit   CANARY – AIC File   PINK – AIC   GOLDENROD-AIC Receipt



MARION COUNTY SHERIFF'S OFFICE  
INSTITUTIONS DIVISION

NC 1691

## AIC GRIEVANCE FORM

**INSTRUCTIONS:** Follow the rules in the AIC Handbook regarding the facility's grievance procedures. Fill in the blanks in the first two sections. If you need more room, use additional sheets of paper, not additional grievance forms. If you want to grieve more than one issue, use a grievance form for each issue.

**Reason for Grievance (Check One):**

- ( ) Conditions of Confinement ( ☒ ) Medical Care ( ) General Classification Procedures  
 ( ) Participation in AIC Programs ( ) Religious Practices ( ) Telephone, Mail & Visiting Procedures  
 ( ) Prison Rape Elimination Act-PREA ( ) Food Service ( ) AIC Trust Accounts

**AIC's Name:** Luis Hernandez, Modesto **SID:** 21941521 **Cell:** 63-10

**Grievance:** I NEEDED TO BE SEEN BY THE OUTSIDE PHYSICIAN

A doctor should have been called to my shoulder on 8/22/22. I was in the  
because he's going to tell me what I'm going to do about it. I  
the special therapy classes in the AIC. I felt that I was  
that's my body and I'm in pain and I'm not getting it fixed.

**AIC Signature:** Luis Hernandez Modesto **Date / Time:** 08-24-22

**Receiving Deputy Signature:** S. Anderson **#** 1716 **Date / Time:** 08-24-22

**Deputy's Response:**

Put you on the doctor's list to be seen by doctor  
has further with the doctor

**Deputy's Signature:** [Signature] **#** 105 **Date / Time:** 8/24/22

**Acceptance of Resolution of Grievance:** [Signature] **Date / Time:** 8/24/22 11:5 AM

**Issue not resolved** **AIC's SIGNATURE** [Signature]

**Supervisor's Review:**

**Date / Time Received:** 08-31-22 0700  
YOU WERE TRANSPORTED TO AN OUTSIDE CONSULTATION ON 8-22-22  
YOU REQUESTED

**Supervisor's Signature:** DUARBA 45366 **#** 29 **Date / Time:** 8-31-22 1440

**Acceptance of Resolution of Grievance:** issue not resolved **Date / Time:** 8-2-22

**AIC's SIGNATURE** [Signature]

**Administrator's Review:**

**Date / Time Received:** 9/2/22

Your request to see outside physician for your shoulder  
was granted. Therefore, this issue has been resolved.

**Administrator's Signature:** [Signature] **#** A13 **Date / Time:** 9/2/22

**Acceptance of Resolution of Grievance:** Luis Hernandez **Date / Time:** 9-2-22/10:05 AM

**AIC's SIGNATURE** [Signature]

**Distribution:** WHITE – Professional Standards Unit CANARY – AIC File PINK – AIC GOLDENROD-AIC Receipt

AIC Grievance Form 06/2020



MARION COUNTY SHERIFF'S OFFICE  
INSTITUTIONS DIVISION

No 4324

(7101)

## AIC GRIEVANCE FORM

**INSTRUCTIONS:** Follow the rules in the AIC Handbook regarding the facility's grievance procedures. Fill in the blanks in the first two sections. If you need more room, use additional sheets of paper, not additional grievance forms. If you want to grieve more than one issue, use a grievance form for each issue.

**Reason for Grievance (Check One):**

- ( ) Conditions of Confinement ( ) Medical Care ( ) General Classification Procedures  
 ( ) Participation in AIC Programs ( ) Religious Practices ( ) Telephone, Mail & Visiting Procedures  
 ( ) Prison Rape Elimination Act-PREA ( ) Food Service ( ) AIC Trust Accounts

AIC's Name: Modesto Luis Hernandez SID: 21941529 Cell: C2-104

Grievance: MCCFC-2 10-5-22 impact in reference to my surgery, I would request all records DR radiology, X ray, company names, company name of interpreters of Appts. Further video AST was recorded in surgery, the physician did not want to speak on my leg with Dr. Shanks Medical Staff. Requesting copies of all out side charts, so I may use as a record of my medical health. It's been a year since and no response.

AIC Signature: Modesto Luis Hernandez Date / Time: 10-05-22Receiving Deputy Signature: W. Hook # A307 Date / Time: 10/5/22 @ 1400**Deputy's Response:**

Medical All requests for medical records must go through your attorney

Deputy's Signature: [Signature] # 826 Date / Time: 10-8-22 1215Acceptance of Resolution of Grievance: Refuse Date / Time: 10-9-22 10:35 AM

AIC's SIGNATURE

**Supervisor's Review:**

Answer above is correct. Medical records requests go through your attorney Date / Time Received: 10-10-2022 1300

Supervisor's Signature: [Signature] # 832 Date / Time: 10-10-2022 1400Acceptance of Resolution of Grievance: REFUSE Date / Time: 10-12-22 10:00

AIC's SIGNATURE

**Administrator's Review:**

PLEASE SPEAK WITH YOUR LEGAL COUNSEL TO REQUEST YOUR MEDICAL RECORDS. Date / Time Received: 10/13/22 1447

Administrator's Signature: Ramy # 18 Date / Time: 10/13/22 1450Acceptance of Resolution of Grievance: Luis Hernandez Date / Time: 10-14-22 750P

AIC's SIGNATURE

Distribution: WHITE - Professional Standards Unit CANARY - AIC File PINK - AIC GOLDENROD - AIC Receipt

AIC Grievance Form 06/2020





MARION COUNTY SHERIFF'S OFFICE  
INSTITUTIONS DIVISION

NO 4325

# AIC GRIEVANCE FORM

**INSTRUCTIONS:** Follow the rules in the AIC Handbook regarding the facility's grievance procedures. Fill in the blanks in the first two sections. If you need more room, use additional sheets of paper, not additional grievance forms. If you want to grieve more than one issue, use a grievance form for each issue.

**Reason for Grievance (Check One):**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Conditions of Confinement        | <input type="checkbox"/> Medical Care        | <input type="checkbox"/> General Classification Procedures     |
| <input type="checkbox"/> Participation in AIC Programs    | <input type="checkbox"/> Religious Practices | <input type="checkbox"/> Telephone, Mail & Visiting Procedures |
| <input type="checkbox"/> Prison Rape Elimination Act-PREA | <input type="checkbox"/> Food Service        | <input type="checkbox"/> AIC Trust Accounts                    |

**AIC's Name:** \_\_\_\_\_ **SID:** 21941524 **Cell:** 4325

**Grievance:** Medical care

On 10/5/22, I was in the medical unit and I was not allowed to see a doctor. I was told that I had to wait until I was in the medical unit again. I was told that I had to wait until I was in the medical unit again. I was told that I had to wait until I was in the medical unit again.

**AIC Signature:** [Signature] **Date / Time:** 10/5/22

**Receiving Deputy Signature:** W. Hock 4302 **#** 4302 **Date / Time:** 10/5/22 10:00

**Deputy's Response:** Medical

I will be involved to you for the medical procedure.

**Deputy's Signature:** \_\_\_\_\_ **#** \_\_\_\_\_ **Date / Time:** 10/6/22 15:11

**Acceptance of Resolution of Grievance:** Refuse **Date / Time:** 10/9/22 10:25

**AIC's SIGNATURE**

**Supervisor's Review:** \_\_\_\_\_ **Date / Time Received:** 10/10/22

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Supervisor's Signature:** \_\_\_\_\_ **#** \_\_\_\_\_ **Date / Time:** \_\_\_\_\_

**Acceptance of Resolution of Grievance:** \_\_\_\_\_ **Date / Time:** \_\_\_\_\_

**AIC's SIGNATURE**

**Administrator's Review:** \_\_\_\_\_ **Date / Time Received:** 10/13/22 1445

This is standard procedure.

**Administrator's Signature:** \_\_\_\_\_ **#** 15 **Date / Time:** 10/11/22 1447

**Acceptance of Resolution of Grievance:** \_\_\_\_\_ **Date / Time:** \_\_\_\_\_

**AIC's SIGNATURE**

**Distribution:** WHITE – Professional Standards Unit CANARY – AIC File PINK – AIC GOLDENROD-AIC Receipt



MARION COUNTY SHERIFF'S OFFICE  
INSTITUTIONS DIVISION

NO 4326

3-102

## AIC GRIEVANCE FORM

**INSTRUCTIONS:** Follow the rules in the AIC Handbook regarding the facility's grievance procedures. Fill in the blanks in the first two sections. If you need more room, use additional sheets of paper, not additional grievance forms. If you want to grieve more than one issue, use a grievance form for each issue.

**Reason for Grievance (Check One):**

- ( ) Conditions of Confinement (x) Medical Care ( ) General Classification Procedures  
( ) Participation in AIC Programs ( ) Religious Practices ( ) Telephone, Mail & Visiting Procedures  
( ) Prison Rape Elimination Act-PREA ( ) Food Service ( ) AIC Trust Accounts

**AIC's Name:** Luis Modesto Hernandez **SID:** 21941529 **Cell:** C2-104

**Grievance:** 11/12/22 10:00pm I am receiving medication for my pain I suffer from injury  
Here in MCC EASAWICK. Please I am requesting that the medication co-pay and Bill for med  
on my trust account be taken care of. With RN Bobbie R. Heather R. N. Cindy G. Anthony DR. Loh  
trust account. Remedy's pay for AIC medical meds, Bill, outside as well.

**AIC Signature:** Modesto Luis Hernandez **Date / Time:** 10-05-22

**Receiving Deputy Signature:** W. Hook A307 **#**  **Date / Time:** 10/5/22 1400

**Deputy's Response:**

The county looks at this  
at the time they process this downtown

**Deputy's Signature:**  **#** 026 **Date / Time:** 10-12-22 0950

**Acceptance of Resolution of Grievance:** REFUSE **Date / Time:** 10-12-22 0453

AIC's SIGNATURE

**Supervisor's Review:**

What incident are you referring to. I see a fall  
that you had on 7-22-22? Or are you referring  
to a different date.

**Supervisor's Signature:** Scarb **#** 832 **Date / Time:** 10/27/22 130

**Acceptance of Resolution of Grievance:** REFUSE **Date / Time:** 10-11-4-22 1012

AIC's SIGNATURE

**Administrator's Review:**

**Date / Time Received:** 11/8/22 @ 0800

At this time we will not be reimbursing any funds  
related to this claim

**Administrator's Signature:** Luis M. AIC **#**  **Date / Time:** 11/8/22 @ 1510

**Acceptance of Resolution of Grievance:** REFUSE **Date / Time:** 11/8/22 @ 22745

AIC's SIGNATURE

**Distribution:** WHITE - Professional Standards Unit CANARY - AIC File PINK - AIC GOLDENROD - AIC Receipt



1/26/2022

Medical  
-AIC Grievance Form- E5-102

seen Dr. Modesto Luis Hernandez SID: 21941529

0/22/21

01/24/21 01/24/2022 - Over 3 mos. ago, I suffered a slip and fall at Delta Pod while working as a Pod Worker. During my accident, I sustained injuries to my right arm, shoulder, and leg - to include soreness and pain to my left testicle. To this date, I continue to experience daily pain to all those areas mentioned above. This incident has also caused me difficulty sleeping. I need to see a hospital Dr.

01/20/2022 - As explained in previous medical notes and grievance while working at Delta Pod as a Pod Worker, I slipped and fell during my mopping duty. During my fall, I sustained serious injuries to my left arm, shoulder, leg, and left testicle. Also later that evening I felt an unusual discomfort in my left rib cage. So, it has been over three months now and the pain is continuous and deprives me from needed sleep.

I am requesting to be taken to the local hospital to be seen by a doctor to diagnose my symptoms. I am also hoping to be examined by use of an MRI. I do not want more pain medication, I want to be properly treated with the proper equipment. I do not want to end up with any permanent damage to my body. Please consider my request for medical attention outside the jail. I've already seen the jail doctor several times with the same answers of not having equipment to perform more comprehensive examination.



1/26/2022 — Grievance return because we filled out the wrong section on the grievance. The reply was as follows:

I have been seen by the Marion County Jail doctor on several occasions with the same end result. The doctor has told me that the jail is not equipped to perform an indepth examination of my injuries, thus I am requesting to be taken to an outside hospital or clinic doctor.

Please consider my request and make arrangements to have me seen by an outside doctor. I am very willing to pay for any medical services if the jail cannot pay.

I do not want to end up with permanent damage to my left side of the body. Thank you.



## **Hope Orthopedics Of Oregon**

1600 State St  
Salem, OR 97301-4257  
Phone: (503)540-6300  
Fax: (503) 540-6404

Patient: **Modesto Luis Hernandez**  
Date of Birth: 07/24/1969  
Date: 02/23/2022 12:49 PM  
Visit Type: Office Visit  
Provider: Sean Elliott ANP  
Historian: self

This 52 year old male presents for Left Left Shoulder / Right Shoulder.

### **History of Present Illness**

#### **1. Left Left Shoulder / Right Shoulder**

##### **Subjective:**

Modesto Luis Hernandez is a 52 year-old male here today for the left shoulder. This patient was kindly sent by Dr. Lance Loberg as a direct referral for orthopedic evaluation.

##### **HISTORY OF PRESENT ILLNESS**

Modesto Luis Hernandez is a 52-year-old gentleman who is incarcerated in the Marion County Jail. He states he was cleaning up his room in his cell and there was a wet floor and he ended up doing the splits 3 months ago. He states he fell backward and bumped his head and landed directly on his left shoulder. He had immediate pain in his left shoulder and left hip. He denies any previous problems with his hip or left knee. He denies any black and blue marks along his hip. He denies any previous problems with his left shoulder.

Starting with his hip, he states he had significant pain with ambulation the first week following the injury. It slowly improved. He feels a pain along the mid-hamstring region which is quite localized. This worsens when he walks, climbs up stairs, etc. He describes what he feels is like a tendon being pulled. He describes it as like a banjo string, which seems like it's moving mainly in the mid-hamstring region. He has been treated with anti-inflammatories and conservative treatment. He feels the pain has improved by about 50%. He rates his pain 4/10 which is mainly in the mid-hamstring of his left leg.

Concerning his left shoulder, he states he landed backward on his outstretched left arm. He denies any previous problems or trauma to his left shoulder. He feels 90% of the pain is along the anterior joint line. He states it feels like it has subluxed or moved, and he has to put it in a certain position in



order to get it to "pop back in." He notes he has had a mild loss of strength in his left shoulder. He states 90% of the pain is along the anterior joint line. It worsens with overhead motion. Pain is relieved with his arm at his side. He denies any neck issues, radicular symptoms, numbness, tingling, or paresthesia down his left upper extremity.

Relevant records were reviewed in preparation for the visit (ROS, PSFH, and available EMR charts), and relevant findings were incorporated into the history of present illness.

### Past Medical History

Patient reported no relevant past medical/surgical history.

### Medication Reconciliation

Medications reconciled today.

Patient is on no medications.

### Allergies:

Ingredient	Reaction (Severity)	Medication Name	Comment
NO KNOWN ALLERGIES			
Reviewed, no changes.			

### Family History

Patient reports there is no relevant family history.

### Review of Systems

System	Neg/Pos	Details
Constitutional	Negative	Fatigue, Fever and Night sweats.
Eyes	Negative	Vision loss.
Respiratory	Negative	Cough and Dyspnea.
Cardio	Negative	Chest pain, Cyanosis and Irregular heartbeat/palpitations.
GI	Negative	Constipation, Diarrhea, Nausea and Vomiting.
GU	Negative	Dysuria and Hematuria.
Endocrine	Negative	Cold intolerance and Heat intolerance.
Neuro	Negative	Difficulty walking, Dizziness and Headache.
Integumentary	Negative	Rash.
MS	Negative	Except as noted in HPI and Chief complaint.



Hema/Lymph	Negative	Easy bleeding and Easy bruising.
Allergic/Immuno	Negative	Environmental allergies and Food allergies.

## Vital Signs

### Height

Time	ft	in	cm	Last Measured	Height Position	Measured By
1:23 PM	5.0	5.00	165.10	02/23/2022	Standing	Jasmin SandovalVazquez

### Weight/BSA/BMI

Time	lb	oz	kg	Context	BMI kg/m2	BSA m2	Measured By
1:23 PM	185.00		83.915	dressed without shoes	30.79		Jasmin SandovalVazquez

### Blood Pressure

Time	BP mm/Hg	Position	Side	Site	Method	Cuff Size	Measured By
1:23 PM	158/100	sitting	right	arm	automatic	adult large	Jasmin SandovalVazquez

### Temperature/Pulse/Respiration

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/min	Measured By
1:23 PM	97.8	36.56	temporal	57	irregular		Jasmin SandovalVazquez

### Pain Scale

Time	Pain Score	Method	Measured By
1:23 PM	8/10	Numeric Pain Intensity Scale	Jasmin SandovalVazquez

### Exam:

Constitutional: In general, the patient is awake, alert, oriented x3, and in no acute distress.

Pleasant affect. Healthy male. He is in ankle chains and handcuffs.

Head: Normocephalic. Atraumatic.

Psychiatric: Behavior and conversation is appropriate.

Respiratory: Normal respiratory effort, talks in complete sentences, no use of accessory muscles.

Respirations even, unlabored.

Neck: Soft, supple with no adenopathy.

Abdomen: Mild central obesity.

Gait: Non-antalgic.



Left shoulder: Patient has mild tenderness over the anterior joint line and subacromial space. No tenderness over the AC joint or biceps tendon. 0 - 160 degrees active forward elevation. 0 - 160 degrees active abduction. 0 - 70 degrees active external rotation. Active internal rotation is L1 - Midscap. He has mild Hawkins and Neer tests. Negative O'Briens, Speeds, and hornblower. Shoulder apprehension is negative at 90 degrees of abduction and 90 degrees of external rotation. Supraspinatus 5/5. Infraspinatus 4/5. Subscapularis 5/5. Distal sensory is grossly intact. Skin is warm with good color, good capillary refill. Normal sensation to touch. No erythema, no sign of infection.

Left lower extremity: He has no pain in his groin. 30 degrees of internal rotation of the hip. 110 degrees of flexion. 60 degrees of external rotation. Negative FADIR, Patrick's, log roll, and quadriceps tests. Quadriceps 5/5. Hamstrings are dramatically different from the contralateral side. Left hamstrings: 4/5. Right hamstrings 5/5. He has moderate tenderness at the mid-hamstring region. I see no ecchymosis or swelling noted. He has mild tenderness over the insertion of his hamstring.

Left knee: No effusion. Full extension. 120 degrees of flexion. He has no tenderness along the patellofemoral region, medial joint line, or lateral joint line. No valgus or varus instability. Negative McMurray, figure four, and Lachman.

## Joint Injection/Aspiration

Indication	Procedure	Summary
Unspecified disorder of arthrocentesis major synovium and tendon, joint left shoulder		Site was prepped using alcohol. Left shoulder subacromial space injection was performed with ethyl chloride for anesthetic. A 22 gauge needle was used. Placement confirmed by manual palpation. Kenalog Injectable 40 mg (1 mL), Lidocaine 1% (4 mL) were injected. Pressure and adhesive sterile dressing used.

## Comments

The risks, benefits, and alternatives of steroid injection therapy were discussed with the patient. Risks include but are not limited to steroid flares, skin changes, tendon rupture, infection, blood sugar elevation, and allergic reaction. The patient understood and wished to continue. Allergies, past medical history, and medications were reviewed.

## Diagnostics:

### Study

Xray Shoulder 3 views Left shoulder

### Result/Report

02/23/2022: 3 views of the left shoulder at Hope Orthopedics of Oregon were ordered, taken, and reviewed by me. The images demonstrate the shoulder in normal alignment. Glenohumeral joint is well-preserved and well-seated. No significant glenohumeral arthritis. AC joint is intact. He



has mild AC arthritis. He has a grade 1 acromion with no significant spurring. No fracture or dislocation noted.

## Completed Orders (This Visit)

Order	Details	Reason	Side	Interpretation	Result	Initial Treatment Date	Region
	Dietary management education, guidance, and counseling						

## Assessment/Plan

#	Detail Type	Description
1.	Assessment Provider Plan	<p>Unspecified disorder of synovium and tendon, left shoulder (M67.912).</p> <p>ICD-10 Codes:</p> <ul style="list-style-type: none"> <li>&gt;&gt; M67.912 - Unspecified disorder of synovium and tendon, left shoulder</li> <li>&gt;&gt; S76.312A - Strain of muscle, fascia and tendon of the posterior muscle group at thigh level, left thigh, initial encounter</li> <li>&gt;&gt; E66.9 - Obesity, unspecified</li> <li>&gt;&gt; Z68.30 - Body mass index [BMI] 30.0-30.9, adult</li> <li>&gt;&gt; Z60.3 - Acculturation difficulty</li> <li>&gt;&gt; Z65.1 - Imprisonment and other incarceration</li> </ul> <p>E&amp;M Code:</p> <p>99204 with Modifier 25 (New patient, level 4)</p> <p>E&amp;M Level Justification:</p> <p>Moderate Level of Medical Decision Making based on the following categories:</p> <p>Moderate Problem Complexity –</p> <ul style="list-style-type: none"> <li>&gt;&gt; Moderate problem complexity based on the presence of complicated injury/illness on the basis of treatment option(s) associated with morbidity</li> </ul> <p>Minimal Data Review –</p> <ul style="list-style-type: none"> <li>&gt;&gt; Minimal data review with default justification</li> </ul> <p>Moderate Risk of Complication –</p> <ul style="list-style-type: none"> <li>&gt;&gt; Moderate risk assessed today based on decision regarding minor surgery with risk factors, diagnosis or treatment significantly limited by social determinants of health</li> </ul> <p>E&amp;M Modifier Justification:</p> <p>Modifier 25 was coded because during this same clinic visit as a procedure or service</p>



identified by a CPT code was performed, the patient's condition required a significant, separately identifiable E&M service above and beyond the other service provided or beyond the usual preoperative and postoperative care associated with the procedure that was performed. The E&M Service may be prompted by the symptom or condition for which the procedure was provided. As such, different diagnoses are not required for reporting the E&M services on the same date. The circumstance may be reported by adding modifier 25 to the appropriate level of E&M service.

**CPT Codes:**

>> 20610 with Modifier LT Shoulder (excluding AC joint) injection without ultrasound guidance (any substance)  
 >> 73030 with Modifier LT Complete X-ray of left shoulder, minimum of 2 views  
 >> 73552 with Modifier LT X-ray of left femur, minimum of 2 views  
 >> 73590 with Modifier LT X-ray of left tibia and fibula, 2 views

**HCPCS Codes:**

>> Anesthetics are considered bundled into the procedure and not billed separately - 0.  
 Lidocaine (4 cc 1%)  
 >> J3301 - 4 units. Kenalog (40 mg)

- |    |                           |  |
|----|---------------------------|--|
| 2. | Assessment                | Strain of fascia of the post muscle group at thigh level of lt thigh, initial encounter (S76.312A).  |
| 3. | Assessment                | Obesity, unspecified (E66.9).  |
| 4. | Assessment                | Acculturation difficulty (Z60.3).  |
| 5. | Assessment                | Imprisonment and other incarceration (Z65.1).  |
| 6. | Assessment<br>Plan Orders | Body mass index (BMI) 30.0-30.9, adult (Z68.30).<br>Today's instructions / counseling include(s) Dietary management education, guidance, and counseling. |

**Assessment:**

1. Rotator cuff dysfunction, left shoulder
2. History of unwitnessed subluxations, left shoulder
3. Chronic left shoulder pain
4. Hamstring sprain, left leg

**Plan:**

I suspect that he tore his hamstring on his left lower extremity. It has been 3 months and his pain has improved, but he is still continuing to have symptoms. I would recommend an MRI to look for a full-thickness tear of his hamstring.

Concerning his left shoulder, I think most of his problem is impingement in his left shoulder. I would recommend trying a subacromial injection before further imaging. Consent signed and procedure



explained. Skin was prepped with alcohol and ethyl chloride. We injected 4 CCs of Lidocaine with 40 mg of Kenalog into the posterior subacromial space. He tolerated the procedure well.

Recommendations sent to jail for further imaging of his left lower extremity.

Today's elevated BMI instructions/counseling includes dietary management education, guidance, and counseling.

Any questions were answered. The patient demonstrated understanding and is agreeable with the recommendations as discussed.

#### SOCIAL FACTORS

Patient reported today the following factors that may influence their accessibility to care:

1. The patient is unable to communicate with the provider without a translator present.
2. The patient is currently incarcerated in the Marion County Jail.

This note was generated for Sean Elliott, NP using the Robin service.

#### Provider

Electronically signed by:

Elliott, Sean 02/28/2022 10:11 AM

*Document generated by:* Megan Kaplan 02/28/2022 10:11 AM

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**Electronically signed by Sean Elliott ANP on 03/01/2022 10:19 AM**



**Hope Radiology**

1600 State St  
 Salem, OR 97301-4257  
 Phone: (503)540-6376  
 Fax: (503) 540-6404

Date: 02/23/2022 12:49 PM  
 Patient: Modesto Luis Hernandez  
 Date of Birth: 07/24/1969  
 Gender: Male  
 Provider: Sean Elliott ANP  
 Primary Payer:  
 Policy Number:  
 Secondary Payer:  
 Policy Number:

**The following diagnostic studies were indicated:**

<b>Dx./Indication</b>	<b>Study</b>	
Pain of left leg	Xray Femur 2 views Left Femur	02/23/2022: 2 views of the left femur at Hope Orthopedics of Oregon were ordered, taken, and reviewed by me. The images demonstrate the femur in anatomic position. No fracture or dislocation is noted. No significant arthritis is appreciated.
Pain of left leg	Xray Tibia And Fibula 2 Views Left Tibia/Fibula	<p>Impression: Normal x-ray for age</p> <p>02/23/2022: 2 views of the left tibia and fibula at Hope Orthopedics of Oregon were ordered, taken, and reviewed by me. The images demonstrate the ankle in normal alignment. Ankle mortise is intact with no diastasis. Medial clear space is less than 2 mm. The knee is in normal alignment. Well-preserved medial and lateral joint spaces. No fracture or dislocation noted.</p>
Pain in left shoulder	Xray Shoulder 3 views Left shoulder	<p>Impression: Normal tib-fib x-ray</p> <p>02/23/2022: 3 views of the left shoulder at Hope Orthopedics of Oregon were ordered, taken, and reviewed by me. The images demonstrate the shoulder in normal alignment. Glenohumeral joint is well-preserved and well-seated. No significant glenohumeral arthritis. AC joint is intact. He has mild AC arthritis. He has a grade 1 acromion with no significant spurring. No fracture or dislocation noted.</p>



**Provider**

Electronically signed by:

Elliott, Sean 02/24/2022 12:11 PM

Document generated by: Ella OverfieldLam 02/24/2022

Electronically signed by Sean Elliott ANP on 02/28/2022 09:48 AM



## Hope Orthopedics Of Oregon

1600 State St  
Salem, OR 97301-4257  
Phone: (503)540-6300  
Fax: (503) 540-6404

Patient: **Modesto Luis Hernandez**  
Date of Birth: 07/24/1969  
Date: 03/30/2022 1:30 PM  
Visit Type: Office Visit  
Provider: Sean Elliott ANP  
Historian: self

This 52 year old male presents for RC Left Shoulder.

## History of Present Illness

### 1. RC Left Shoulder

#### Subjective:

Modesto Hernandez is a 52 year-old gentleman who is currently incarcerated in the Marion County Jail. He was previously seen on 02/23/2022 for a suspected complete left hamstring tear as well as a rotator cuff tear of his left shoulder. He denies any previous problems with either of these prior to his injury.

Concerning his left shoulder, we gave him a subacromial injection at our visit on 02/23/2022. He states it was quite effective. It reduced his pain by at least half and he regained some motion. He still occasionally feels pain along his lateral shoulder. He describes it as a sharp, stabbing pain that radiates to his elbow. It worsens with external rotation in abduction.

Concerning his left hamstring, he states this too is improved. He feels pain about 4 to 5 cm from the insertion of his ischial tuberosity. It is aggravated by heavy exercise and running. He states he is about 50% better from when his injury occurred.

#### DIAGNOSTIC STUDIES

03/17/2022: Left hamstring MRI at Hope Orthopedics of Oregon was reviewed by me. The left hamstring shows a common hamstring complex tendon avulsed from the ischial origin and is retracted distally by 4 cm. Moderate fat atrophy semimembranosus, semitendinosus, and biceps femoris muscles. No other abnormality is noted.

The formal radiology report reads as follows:

1. Common hamstring complex tendon: Avulsed from the ischial tuberosity origin and is retracted distally by 4 cm. Moderate fatty atrophy semimembranosus, semitendinosus and biceps femoris muscles.



03/17/2022: Left shoulder MRA at Hope Orthopedics of Oregon was reviewed by me.

The formal radiology report reads as follows:

1. Rotator cuff tendon complex: Moderate severity supraspinatus and infraspinatus tendinopathy. Advanced fatty atrophy teres minor muscle. Subscapularis tendon severely attenuated lateral 2.5 cm secondary to near complete partial-thickness articular surface tearing.
2. AC joint: Mild osteoarthritis.
3. Glenohumeral joint complex: Long head of biceps tendon mildly medially subluxed with tendinopathy. Diffuse complex tearing of the superior and anterior labral segments. Osteochondral abnormality anterior inferior glenoid with loss of articular cartilage and cortical irregularities.

Imaging studies reviewed and documented today were performed in-house but were originally read by a provider under a different specialty.

#### SOCIAL FACTORS:

Patient reported today the following factors that may influence their accessibility to care:

- He is unable to communicate with the provider without a translator present.
- He is currently incarcerated at Marion County Jail.

#### ROS:

Relevant records were reviewed in preparation for the visit (ROS, PSFH, and available EMR charts), and relevant findings were incorporated into the history of present illness.

#### Past Medical History (Detailed)

Patient reported no relevant past medical/surgical history.

#### Medication Reconciliation

Medications reconciled today.

Patient is on no medications.

#### Allergies:

Ingredient	Reaction (Severity)	Medication Name	Comment
NO KNOWN ALLERGIES			
Reviewed, no changes.			



**Family History**

(Detailed)

Patient reports there is no relevant family history.

**Social History (Detailed)**

Preferred language is Spanish; Castilian.

Tobacco use status: Current non-smoker.

Smoking status: Never smoker.

**Vital Signs****Blood Pressure**

Time	BP mm/Hg	Position	Side	Site	Method	Cuff Size	Measured By
1:52 PM	137/85	sitting	right	arm	automatic	adult large	Jasmin SandovalVazquez

**Temperature/Pulse/Respiration**

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/min	Measured By
1:52 PM				50	regular		Jasmin SandovalVazquez

**Pain Scale**

Time	Pain Score	Method	Measured By
1:52 PM	7/10	Numeric Pain Intensity Scale	Jasmin SandovalVazquez

**Exam:**

Constitutional: In general, the patient is awake, alert, oriented x3, and in no acute distress.

Pleasant affect. Healthy male.

Head: Normocephalic. Atraumatic.

Psychiatric: Behavior and conversation is appropriate.

Respiratory: Normal respiratory effort, talks in complete sentences, no use of accessory muscles.

Respirations even, unlabored.

Neck: Soft, supple with no adenopathy. No cervical tenderness. Spurling is negative bilaterally.

Abdomen: Soft, nondistended.



Left shoulder: Tenderness over the greater tuberosity and anterior joint line. No tenderness over the AC joint. 0 - 170 degrees active forward elevation. 0 - 170 degrees active abduction with a mild painful arc between 110 and 130 degrees. 0 - 90 degrees active external rotation. Active internal rotation L1 - midscap. Moderate Hawkins. Positive Neer. Negative Speed's and O'Brien's. Supraspinatus 4/5. Infraspinatus 5/5. Subscapularis 4/5. Distal sensory is grossly intact. Skin is warm with good color, good capillary refill. No erythema, no sign of infection.

Left hamstring: No significant skin changes. No significant tenderness along the ischial tuberosity or hamstring tendon. Straight leg raise is negative. Cross leg raise is negative. Hamstring strength 4/5 on the left and 5/5 on the right. Quad 5/5. Distal sensory is grossly intact.

## Assessment/Plan

#	Detail Type	Description
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1.	Assessment Provider Plan	Strain of musc/tend the rotator cuff of left shoulder, init (S46.012A). E&M Code:
----	-----------------------------	--

99215 (no Modifiers) (Established patient, level 5)

This visit was coded at a level 5 based on total time spent with the patient. This visit was 40 mins, which includes face-to-face time spent personally examining, counseling, and educating the patient and non-face-to-face time spent reviewing prior documentation, ordering any discussed plan items, and documenting relevant clinical information.

ICD-10 Codes:

>> S46.012A - Strain of muscle(s) and tendon(s) of the rotator cuff of left shoulder, initial encounter

>> M24.112 - Other articular cartilage disorders, left shoulder

>> M19.012 - Primary osteoarthritis, left shoulder

>> M95.8 - Other specified acquired deformities of musculoskeletal system

>> S76.312A - Strain of muscle, fascia and tendon of the posterior muscle group at thigh level, left thigh, initial encounter

>> Z65.1 - Imprisonment and other incarceration

>> Z60.3 - Acculturation difficulty

2.	Assessment	Other articular cartilage disorders, left shoulder (M24.112).
----	------------	---

3.	Assessment	Primary osteoarthritis, left shoulder (M19.012).
----	------------	--

4.	Assessment	Oth acquired deformities of musculoskeletal system (M95.8).
----	------------	---

5.	Assessment	Strain of msl/fasc/tnd post grp at thi lev, left thigh, init (S76.312A).
----	------------	--



6. Assessment Imprisonment and other incarceration (Z65.1).
7. Assessment Acculturation difficulty (Z60.3).

**Assessment:**

1. Rotator cuff tear, subscapularis
2. Degenerative labral tear, left shoulder
3. Osteoarthritis, glenohumeral joint
4. Osteochondral defect, left shoulder
5. Complete hamstring tear, proximal ischial tuberosity

**Plan:**

Due to the atrophy and significant retraction of his hamstring tendon, I do not feel that this is amenable to surgery. I told the patient, however, I am not a surgeon, and if he is still struggling with pain and symptoms in his hamstring that it might be reasonable to get a second opinion from a sports medicine surgeon to see if pursuing this type of surgery would even be worth it.

Concerning his left shoulder, he states he has moderately improved. He is managing well with how his situation is now. We discussed physical therapy and glenohumeral injection for treatments. If he fails all of these, he might be a good candidate for rotator cuff repair surgery.

We will schedule him for routine follow up with Dr. Elkin for a chronic hamstring tear.

Any questions were answered. The patient demonstrated understanding and is agreeable with the recommendations as discussed.

This note was generated for Sean Elliott, NP using the Robin service.

**Provider**

Electronically signed by:

Elliott, Sean 04/11/2022 5:04 PM

Document generated by: Megan Kaplan 04/11/2022 05:04 PM

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**Electronically signed by Sean Elliott ANP on 04/26/2022 02:58 PM**



**Secure**

Phone:

Fax:

Patient: **Modesto Luis Hernandez**  
Date of Birth: 07/24/1969  
Date: 05/02/2022 1:30 PM  
Visit Type: Office Visit  
Provider: Sean Elliott ANP  
Historian: self

This 52 year old client presents for RC L SHOULDER AND LEG.

## **History of Present Illness**

### **1. RC L SHOULDER AND LEG**

#### **Subjective:**

Modesto Luis Hernandez is a 52 year-old gentleman who is here for recheck of his left hamstring as well as his left shoulder. As stated previously, the patient is incarcerated at Marion County Jail. He states he was cleaning up his cell and there was a wet floor and he ended up doing the splits. This was around the end of December 2021. He fell backwards and landed directly on his left shoulder. He has had significant pain in his left hamstring area and left shoulder since.

We gave patient a left subacromial injection on 02/24/2022 which was effective. He states that it reduced his pain by about 50%. Our plan on 03/30/2022 was to refer him to the sports medicine team to discuss conservative versus surgical options for his left hamstring as well as his shoulder. Unfortunately, the referral never happened and he is back in my office.

He states his hamstring is better. He states he is able to walk and sit with minimal pain. He still feels quite weak in his left hamstring region going from a sitting to a standing position as well as when running. He states the majority of the pain is 4 to 5 inches distal to his ischial tuberosity in the mid-hamstring region. He rates his pain 4/10.

Concerning his left shoulder, he states he has considerable popping and catching. He states when he shrugs his shoulders, he feels significant pain in the anterior aspect of his shoulder. He states he has moderate pain with overhead motions. he rates his pain 6/10. He does note some weakness as far as lifting with his left shoulder. He is right hand dominant. He is currently incarcerated at Marion County Jail. He states his occupation is a welder on the street.

03/30/2022 HPI: Modesto Hernandez is a 52 year-old gentleman who is currently incarcerated in the Marion County Jail. He was previously seen on 02/23/2022 for a suspected complete left hamstring tear as well as a rotator cuff tear of his left shoulder. He denies any previous problems with either of these prior to his injury.



Concerning his left shoulder, we gave him a subacromial injection at our visit on 02/23/2022. He states it was quite effective. It reduced his pain by at least half and he regained some motion. He still occasionally feels pain along his lateral shoulder. He describes it as a sharp, stabbing pain that radiates to his elbow. It worsens with external rotation in abduction.

Concerning his left hamstring, he states this too is improved. He feels pain about 4 to 5 cm from the insertion of his ischial tuberosity. It is aggravated by heavy exercise and running. He states he is about 50% better from when his injury occurred.

#### DIAGNOSTIC STUDIES

03/17/2022: Left hamstring MRI at Hope Orthopedics of Oregon was reviewed by me. The left hamstring shows a common hamstring complex tendon avulsed from the ischial origin and is retracted distally by 4 cm. Moderate fat atrophy semimembranosus, semitendinosus, and biceps femoris muscles. No other abnormality is noted.

The formal radiology report reads as follows:

1. Common hamstring complex tendon: Avulsed from the ischial tuberosity origin and is retracted distally by 4 cm. Moderate fatty atrophy semimembranosus, semitendinosus and biceps femoris muscles.

---

03/17/2022: Left shoulder MRA at Hope Orthopedics of Oregon was reviewed by me.

The formal radiology report reads as follows:

1. Rotator cuff tendon complex: Moderate severity supraspinatus and infraspinatus tendinopathy. Advanced fatty atrophy teres minor muscle. Subscapularis tendon severely attenuated lateral 2.5 cm secondary to near complete partial-thickness articular surface tearing.

2. AC joint: Mild osteoarthritis.

3. Glenohumeral joint complex: Long head of biceps tendon mildly medially subluxed with tendinopathy. Diffuse complex tearing of the superior and anterior labral segments. Osteochondral abnormality anterior inferior glenoid with loss of articular cartilage and cortical irregularities.

#### SOCIAL FACTORS:

Patient reported today the following factors that may influence their accessibility to care: He is currently incarcerated at the Marion County Jail.

#### ROS:

Relevant records were reviewed in preparation for the visit (ROS, PSFH, and available EMR charts), and relevant findings were incorporated into the history of present illness.



**Past Medical History**

Patient reported no relevant past medical/surgical history.

**Medications (active prior to today)**

Patient is on no medications.

**Medication Reconciliation**

Medications reconciled today.

Patient is on no medications.

**Allergies:**

Ingredient	Reaction (Severity)	Medication Name	Comment
NO KNOWN ALLERGIES			
Reviewed, no changes.			

**Family History**

Patient reports there is no relevant family history.

**Review of Systems**

System	Neg/Pos	Details
Constitutional	Negative	Fatigue, Fever and Night sweats.
Eyes	Negative	Vision loss.
Respiratory	Negative	Cough and Dyspnea.
Cardio	Negative	Chest pain, Cyanosis and Irregular heartbeat/palpitations.
GI	Negative	Constipation, Diarrhea, Nausea and Vomiting.
GU	Negative	Dysuria, Hematuria and Urinary incontinence.
Endocrine	Negative	Cold intolerance and Heat intolerance.
Neuro	Negative	Difficulty walking, Dizziness and Headache.
Integumentary	Negative	Rash.
MS	Negative	Except as noted in HPI and Chief complaint.
Hema/Lymph	Negative	Easy bleeding and Easy bruising.
Allergic/Immuno	Negative	Environmental allergies and Food allergies.



## Vital Signs

### Blood Pressure

Time	BP mm/Hg	Position	Side	Site	Method	Cuff Size	Measured By
1:40 PM	146/95	sitting	right	arm	automatic	adult large	Jasmin SandovalVazquez

### Temperature/Pulse/Respiration

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/min	Measured By
1:40 PM				52	irregular		Jasmin SandovalVazquez

### Pain Scale

Time	Pain Score	Method	Measured By
1:40 PM	5/10	Numeric Pain Intensity Scale	Jasmin SandovalVazquez

### Exam:

Constitutional: In general, the patient is awake, alert, oriented x3, and in no acute distress.

Pleasant affect. Healthy male. He is handcuffed at his wrists and his ankles.

Head: Normocephalic. Atraumatic.

Neck: Soft, supple with no adenopathy.

Psychiatric: Behavior and conversation is appropriate.

Respiratory: Normal respiratory effort, talks in complete sentences, no use of accessory muscles.

Respirations even, unlabored.

Abdomen: Soft, nondistended.

Gait: He ambulate briskly with no evidence of antalgic gait. He is able to get up from his chair to the table without any difficulties or assistance.

Left shoulder: Patient has significant tenderness along the anterior joint line and greater tuberosity. No tenderness over the AC joint or biceps tendon. 0 - 160 degrees active forward elevation. 0 - 130 degrees active abduction with painful arc. 0 - 90 degrees active external rotation. Active internal rotation L1-midscap. Mildly positive Hawkins. Negative Neer and Jobe's tests. Positive O'Brien's. Supraspinatus 5/5. Infraspinatus 5/5. Subscapularis 4/5. Negative for shoulder apprehension. Skin is warm with good color, good capillary refill. Distal sensory is grossly intact to left upper extremity. No erythema, no sign of infection.

Left hamstring region: Patient has point tenderness along the ischial tuberosity as well as proximal hamstring, mainly in the mid region. There is no ecchymosis or swelling noted. He is able to take his foot to his gluteal region without difficulty. Hamstring strength against resistance 3/5. Patient has no sciatica and has normal sensation of his left lower extremity below the knee. Gastroc 5/5. Extensor hallucis 5/5.

## Assessment/Plan

#	Detail Type	Description
1.	Assessment	Strain of fascia of the post muscle group at thigh level of lt thigh, subsequent encounter



(S76.312D).

Provider Plan E&M Code:  
 99214 (no Modifiers) (Established patient, level 4)  
 Moderate Level of Medical Decision Making based on the following categories:  
 Moderate Problem Complexity —  
 >> Moderate problem complexity based on 1+ chronic illnesses with exacerbation  
 Minimal Data Review —  
 >> Minimal data review based on default justification  
 Moderate Risk Of Complication —  
 >> Moderate risk of complication based on diagnosis or treatment significantly limited by social determinants of health  
 ICD-10 Codes:  
 >> S76.312D - Strain of muscle, fascia and tendon of the posterior muscle group at thigh level, left thigh, subsequent encounter  
 >> M79.605 - Pain in left leg  
 >> G89.29 - Other chronic pain  
 >> S46.812D - Strain of other muscles, fascia and tendons at shoulder and upper arm level, left arm, subsequent encounter  
 >> M19.012 - Primary osteoarthritis, left shoulder  
 >> M24.112 - Other articular cartilage disorders, left shoulder  
 >> M95.8 - Other specified acquired deformities of musculoskeletal system  
 >> Z65.1 - Imprisonment and other incarceration

- 
- |    |            |  |
|----|------------|--|
| 2. | Assessment | Pain in left leg (M79.605).  |
| 3. | Assessment | Other chronic pain (G89.29).   |
| 4. | Assessment | Strain of musc/fasc/tend at shldr/up arm, left arm, subs (S46.812D). |
| 5. | Assessment | Primary osteoarthritis, left shoulder (M19.012).                     |
| 6. | Assessment | Other articular cartilage disorders, left shoulder (M24.112).        |
| 7. | Assessment | Oth acquired deformities of musculoskeletal system (M95.8).          |
| 8. | Assessment | Imprisonment and other incarceration (Z65.1).                        |

### Assessment:

1. Complete hamstring tear at ischial origin, chronic
2. Chronic left hamstring pain
3. Rotator cuff tear, subscapularis
4. Osteoarthritis, glenohumeral region
5. Degenerative anterior and superior labral tears
6. Osteochondral defect, glenoid

### Plan:



I wished to refer him to a surgeon much earlier than this. He is almost six months out from a complete hamstring tear. My gut feeling is he would have significant problems going through surgery now as far as the rehab process. I don't even know if this viable. I would like to refer him to Dr. Elkin for a second opinion. My personal opinion is I think he needs to do conservative management for his hamstring and avoid surgery if possible.

Concerning his left shoulder, we talked about a glenohumeral injection of his left shoulder. We talked about physical therapy for his left shoulder as well as surgery. Patient states he works in a manual labor job and wants this fixed. He would like to discuss possible surgery with a surgeon. I will refer him to Dr. Elkin for this also. We will avoid giving him a glenohumeral injection in case surgery is necessary. All questions were answered.

Any questions were answered. The patient demonstrated understanding and is agreeable with the recommendations as discussed.

This note was generated for Sean Elliott, NP using the Robin service.

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## **Provider**

Electronically signed by:

Elliott, Sean 05/03/2022 9:14 AM

*Document generated by:* Charity Haddix 05/03/2022 09:14 AM

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**Electronically signed by Sean Elliott ANP on 05/09/2022 11:42 AM**



## **Hope Orthopedics Of Oregon**

1600 State St  
Salem, OR 97301-4257  
Phone: (503)540-6300  
Fax: (503) 540-6404

Patient:	<b>Modesto Luis Hernandez</b>
Date of Birth:	07/24/1969
Date:	05/17/2022 1:28 PM
Visit Type:	Office Visit
Provider:	Daniel M. Elkin MD
Historian:	self

This 52 year old client presents for ENP LEFT SHOULDER.

## **History of Present Illness**

### **1. ENP LEFT SHOULDER**

#### **Subjective:**

Modesto Luis Hernandez is a 52-year-old right hand dominant male presenting for evaluation of his left shoulder and left hamstring. He had an acute injury in December 2021 when he was mopping up his cell and slipped on water, did the splits and injured his left hamstring, then landed back onto his left shoulder which resulted in pain.

He has been seeing Sean Elliott, ANP who has been treating him. He ordered an MRI for the left hamstring and left shoulder. The left shoulder has a known rotator cuff tear, bicep tear, and labral tears. The left hamstring has a known hamstring tear. Sean recommended conservative management of the hamstring since he is 6 months post-injury and referred him to me to discuss surgery options for the left shoulder.

Today, he reports left shoulder pain and rates it 5/10. His pain is located on the anterior shoulder. He reports he feels noise in his shoulder. He has been treating this conservatively with a cortisone injection on 02/23/2022 into the subacromial space which gave him mild relief for a short period of time. He also tried resting and giving it time.

#### **PATIENT HISTORY:**

-Obesity

#### **ROS:**

Relevant records were reviewed in preparation for the visit (ROS, PSFH, and available EMR charts), and relevant findings were incorporated into the history of present illness.



## Problem List

Problem Description	Onset Date	Chronic	Clinical Status	Notes
Impingement syndrome, shoulder, left		N		
Superior labrum anterior-to-posterior (SLAP) tear of left shoulder		N		
Traumatic partial tear of left biceps tendon, subsequent encounter		N		
Full thickness tear of left subscapularis tendon, subsequent encounter		N		

## Past Medical History (Detailed)

## Medications (active prior to today)

Patient is on no medications.

## Medication Reconciliation

Medications reconciled today.

## Allergies:

Ingredient	Reaction (Severity)	Medication Name	Comment
NO KNOWN ALLERGIES			
Reviewed, no changes.			

## Family History

(Detailed)



## Social History (Detailed)

Preferred language is Spanish; Castilian.

Tobacco use status: Current non-smoker.

Smoking status: Never smoker.

## Review of Systems

System	Neg/Pos	Details
Constitutional	Negative	Fatigue, Fever and Night sweats.
Eyes	Negative	Vision loss.
Respiratory	Negative	Cough and Dyspnea.
Cardio	Negative	Chest pain, Cyanosis and Irregular heartbeat/palpitations.
GI	Negative	Constipation, Diarrhea, Nausea and Vomiting.
GU	Negative	Dysuria, Hematuria and Urinary incontinence.
Endocrine	Negative	Cold intolerance and Heat intolerance.
Neuro	Negative	Difficulty walking, Dizziness and Headache.
Integumentary	Negative	Rash.
MS	Negative	Except as noted in HPI and Chief complaint.
Hema/Lymph	Negative	Easy bleeding and Easy bruising.
Allergic/Immuno	Negative	Environmental allergies and Food allergies.

## Vital Signs

### Height

Time	ft	in	cm	Last Measured	Height Position	Measured By
1:39 PM	5.0	4.00	162.56	05/17/2022	Standing	Sarah Clark

### Weight/BSA/BMI

Time	lb	oz	kg	Context	BMI kg/m2	BSA m2	Measured By
1:39 PM	191.00		86.636	dressed with shoes	32.78		Sarah Clark

### Blood Pressure

Time	BP mm/Hg	Position	Side	Site	Method	Cuff Size	Measured By
1:39 PM	169/104	sitting	left	arm	automatic	adult large	Sarah Clark

## Temperature/Pulse/Respiration



Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/min	Measured By
1:39 PM	97.7	36.50	temporal	65	regular		Sarah Clark

**Pain Scale**

Time	Pain Score	Method	Measured By
1:39 PM	5/10	Numeric Pain Intensity Scale	Sarah Clark

**Exam:****LEFT SHOULDER EXAM**

Inspection: patient is in no distress. Alert and oriented to time and place. Breathing is unlabored. There is no visible swelling, ecchymosis, skin lesions, scapular winging, or muscle atrophy present.

Palpation: No focal tenderness to palpation about the anterior over the AC joint, or posteriorly. Positive bicep tenderness. No crepitation.

Neurovascular: Distally patient has palpable 2+ radial pulse. Sensation is normal in axillary, median, ulnar, and radial nerve distributions.

**Range of Motion:**

Forward flexion active: 160 degrees

Forward flexion passive: 165 degrees

Abduction: 90 degrees

External rotation at the side: 45 degrees

External rotation in abduction: 90 degrees

Internal rotation: T12

**Strength:**

Scaption: 5/5

Internal rotation: 4/5

External rotation: 5/5

**Special Tests:**

Lift-off test: Positive

**LEFT HIP EXAM**

Inspection: patient is in no distress. Alert and oriented to time and place. Breathing is unlabored. There is no visible swelling, ecchymosis, skin lesions, or muscle atrophy. Normal non-antalgic gait. Leg lengths are grossly equal.

Palpation: No tenderness to palpation about the symphysis pubis, adductors, greater trochanter, or buttocks. Proximal hamstring tenderness.

Neurovascular: Distally patient has palpable 2+ pulses. Sensation is intact and normal in all distributions in the thigh, leg, and foot.

**Strength:**

Hamstrings: weakness with activation

**DIAGNOSTIC STUDIES:**

03/17/2022: Left hamstring MRI report at Hope Orthopedics of Oregon was reviewed by me.



The formal radiology report reads as follows:

1. Common hamstring complex tendon: Avulsed from the ischial tuberosity origin and is retracted distally by 4 cm. Moderate fatty atrophy semimembranosus, semitendinosus and biceps femoris muscles.

03/17/2022: Left shoulder MRA report at Hope Orthopedics of Oregon was reviewed by me.

The formal radiology report reads as follows:

1. Rotator cuff tendon complex: Moderate severity supraspinatus and infraspinatus tendinopathy. Advanced fatty atrophy teres minor muscle. Subscapularis tendon severely attenuated lateral 2.5 cm secondary to near complete partial-thickness articular surface tearing.  
2. AC joint: Mild osteoarthritis.  
3. Glenohumeral joint complex: Long head of biceps tendon mildly medially subluxed with tendinopathy. Diffuse complex tearing of the superior and anterior labral segments. Osteochondral abnormality anterior inferior glenoid with loss of articular cartilage and cortical irregularities.

## Assessment/Plan

#	Detail Type	Description
1.	Assessment Provider Plan	Strain of musc/fasc/tend at shldr/up arm, left arm, init (S46.812A). E&M Code: 99214 (no Modifiers) (Established patient, level 4) Moderate Level of Medical Decision Making based on the following categories: Moderate Problem Complexity — >> Moderate problem complexity based on complicated or worsening problem associated with surgical intervention Limited Data Review — >> Limited data review based on 2 diagnostic test(s) reviewed/ordered High Risk Of Complication — >> High risk of complication based on decision regarding major surgery with risk factors ICD-10 Codes: >> S46.812A - Strain of other muscles, fascia and tendons at shoulder and upper arm level, left arm, initial encounter >> S46.212A - Strain of muscle, fascia and tendon of other parts of biceps, left arm, initial encounter >> S76.312D - Strain of muscle, fascia and tendon of the posterior muscle group at thigh level, left thigh, subsequent encounter >> Z60.3 - Acculturation difficulty >> Z65.1 - Imprisonment and other incarceration >> E66.9 - Obesity, unspecified >> Z68.32 - Body mass index [BMI] 32.0-32.9, adult
2.	Assessment	Strain of fascia of other part of biceps of left arm, initial encounter (S46.212A).
3.	Assessment	Strain of fascia of the post muscle group at thigh level of lt thigh, subsequent encounter (S76.312D).
4.	Assessment	Acculturation difficulty (Z60.3).



5. Assessment Imprisonment and other incarceration (Z65.1).
6. Assessment Obesity, unspecified (E66.9).
7. Assessment Body mass index [BMI] 32.0-32.9, adult (Z68.32).

**Assessment:**

1. Left shoulder subscapularis tear
2. Left shoulder bicep tear
3. Left hamstring tear

**Plan:**

I reviewed the diagnosis as well as the treatment plan. Since it has been so long since the injury, the hamstring is not something that is likely repairable. There is some atrophy and I do not believe we would be able to fix it. However, I discussed that his leg function can still be normal without that tendon in his leg. He should strengthen the hamstring and I showed him how to do this with laying on his belly. My recommendation would be to send him to physical therapy for the left hamstring and he is in agreement with this plan.

In regards to his shoulder, I recommend fixing his rotator cuff tear and bicep tear with an arthroscopy. He is in agreement with this plan.

-Conservative treatments he has tried and failed include cortisone injections and time.

We discussed surgery as an appropriate treatment course and the patient elected to proceed. We discussed possible risks of left arthroscopic rotator cuff repair and biceps tenodesis which include, but are not limited to: allergic reactions to anesthesia, postoperative infection, stiffness, swelling, blood clots, continued pain, and in some severe cases osteonecrosis or rapid deterioration of surrounding cartilage.

I reviewed the postoperative recovery process including wearing a sling and going to physical therapy.

Patient reports today the following factors that may influence their accessibility to care: The patient resides at Marion County Jail. Secondly, the patient is Spanish speaking and therefore a Spanish-English interpreter was present during the encounter today.

Any questions were answered. The patient demonstrated understanding and is agreeable with the recommendations as discussed.

This note was generated for Daniel Elkin, MD using the Robin service.



**Provider**

Electronically signed by:

Elkin, Daniel M 05/18/2022 7:47 AM

*Document generated by:* Ana Navarro 05/18/2022 07:47 AM

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**Electronically signed by Daniel M. Elkin MD on 05/18/2022 01:55 PM**



**Hope Orthopedics Of Oregon**

1600 State St  
 Salem, OR 97301-4257  
 Phone: (503)540-6300  
 Fax: (503) 540-6404

Patient: **Modesto Luis Hernandez**  
 Date of Birth: 07/24/1969  
 Date: 07/12/2022 2:18 PM  
 Visit Type: Pre-Operative Visit  
 Provider: Yon Gomez PA-C  
 Historian: self

This 52 year old client presents for left shoulder Pain.

**History of Present Illness****1. left shoulder Pain****Subjective:**

52-year-old male who presents today for preoperative evaluation of his left shoulder. Patient is scheduled to undergo a left shoulder arthroscopy, rotator cuff repair, subacromial decompression, extensive debridement, biceps tenodesis on 07/19/2022.

Today patient rates his pain as a 6/10. Patient reports no significant changes to the shoulder since last examination.

**Problem List**

Problem Description	Onset Date	Chronic	Clinical Status	Notes
Impingement syndrome, shoulder, left		N		
Superior labrum anterior-to-posterior (SLAP) tear of left shoulder		N		
Traumatic partial tear of left biceps tendon, subsequent encounter		N		
Full thickness tear of left subscapularis		N		



tendon, subsequent  
encounter

**Past Medical History** (Detailed)

Patient reported no relevant past medical/surgical history.

**Medication Reconciliation**

Medications reconciled today.

Patient is on no medications.

**Allergies:**

Ingredient	Reaction (Severity)	Medication Name	Comment
NO KNOWN ALLERGIES			

**Family History**

(Detailed)

Patient reports there is no relevant family history.

**Social History (Detailed)**

Tobacco use reviewed.

Preferred language is Spanish; Castilian.

Tobacco use status: Current non-smoker.

Smoking status: Never smoker.

**Tobacco Screening**

Patient has never used tobacco. Patient has not used tobacco in the last 30 days. Patient has not used smokeless tobacco in the last 30 days.

**Smoking Status**

Type	Smoking Status	Usage Per Day	Years Used	Pack Years	Total Pack Years
	Never smoker				



**Review of Systems**

System	Neg/Pos	Details
Constitutional	Negative	Fatigue, Fever and Night sweats.
Eyes	Negative	Vision loss.
Respiratory	Negative	Cough and Dyspnea.
Cardio	Negative	Chest pain, Cyanosis and Irregular heartbeat/palpitations.
GI	Negative	Constipation, Diarrhea, Nausea and Vomiting.
GU	Negative	Dysuria, Hematuria and Urinary incontinence.
Endocrine	Negative	Cold intolerance and Heat intolerance.
Neuro	Negative	Difficulty walking, Dizziness and Headache.
Integumentary	Negative	Rash.
MS	Negative	Except as noted in HPI and Chief complaint.
Hema/Lymph	Negative	Easy bleeding and Easy bruising.
Allergic/Immuno	Negative	Environmental allergies and Food allergies.

**Vital Signs****Height**

Time	ft	in	cm	Last Measured	Height Position	Measured By
2:45 PM	5.0	3.50	161.29	07/12/2022	Standing	Erin Howard

**Weight/BSA/BMI**

Time	lb	oz	kg	Context	BMI kg/m2	BSA m2	Measured By
2:45 PM	190.00		86.183		33.13		Erin Howard

**Blood Pressure**

Time	BP mm/Hg	Position	Side	Site	Method	Cuff Size	Measured By
2:45 PM	126/78	standing	right	arm	manual	adult large	Erin Howard

**Temperature/Pulse/Respiration**

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/min	Measured By
2:45 PM	97.3	36.28	temporal	64			Erin Howard

**Pain Scale**

Time	Pain Score	Method	Measured By
2:45 PM	6/10	Numeric Pain Intensity Scale	Erin Howard



**Exam:**

On physical exam patient is in no distress. Alert and oriented to time and place. Breathing is unlabored.

Respiratory: Chest clear. Even and unlabored. Clear to Auscultation. Non-labored breathing and no audible wheezing

Cardiovascular: Regular heart rate and rhythm. No audible murmurs or extra sounds.

**Left shoulder exam:**

Inspection: There is no visible swelling, ecchymosis, skin lesions, scapular winging, or muscle atrophy present.

Palpation: No focal tenderness to palpation about the bicipital groove, anterior over the AC joint, or posteriorly.

Neurovascular: Distally patient has palpable 2+ radial pulse. Sensation is normal in axillary, median, ulnar, and radial nerve distributions.

**Range of Motion:**

Forward flexion: 170

Abduction: 90

External rotation in abduction: 90

External rotation at the side: 60

Internal rotation: T10

**Muscle strength is:**

5/5 in scaption

5/5 external rotation

4/5 internal rotation

**Indication/Type of Treatment:**

Indication	Type of Treatment	Side	Region	Initial Treatment Date	Global Days	Status
Impingement syndrome, shoulder, left	Arthscopy shldr decompression	Left	Shoulder	07/19/2022		scheduled
Full thickness tear of left subscapularis tendon, subsequent encounter	Arthroscop Rotator Cuff Repair	Left	Shoulder	07/19/2022		scheduled
Traumatic partial tear of left biceps tendon, subsequent encounter	ARTHROSCOPY BICEPS TENODESIS	Left	Shoulder	07/19/2022		scheduled
Superior labrum anterior-to-posterior (SLAP) tear of left shoulder	Extensive debridement	Left	Shoulder	07/19/2022		scheduled

**Clinical Assessment:**



## Assessment/Plan

#	Detail Type	Description
1.	Assessment	Encounter for other preprocedural examination (Z01.818).

### Assessment:

1. Left shoulder subscapularis tear

### Plan:

Pre-operative instructions were discussed with the patient. Patient is part of the Marion County's Sheriffs Office and will be provided support post-operatively while in the facility.. Oxycodone was recommended for post-operative pain management. A sling was fitted for the patient today to wear post-operatively. He would like to proceed with a left shoulder arthroscopy, rotator cuff repair, subacromial decompression, extensive debridement, biceps tenodesis as scheduled. Documents outlining pre and post-procedural guidelines were also discussed.

We discussed the risks, benefits, and alternatives to surgery. Risks include but are not limited to: infection, bleeding, stiffness, nerve damage, continued pain, arthritis, blood clots, breathing problems, death, anesthesia complications, and failure to return to premorbid level of activity. We reviewed the rehabilitation process and post-operative course as well. The patient had the opportunity to ask questions, which were answered.

Any questions were answered. The patient demonstrated understanding and is agreeable with the recommendations as discussed.

Yon Gomez, PA-C for attending physician, Daniel Elkin, MD

## Provider

Electronically signed by:

Gomez, Yon 07/14/2022 8:56 AM

Document generated by: Yon Gomez 07/14/2022 08:56 AM

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Electronically signed by Yon Gomez PA-C on 07/14/2022 10:11 AM



**Willamette Surgery Center PC**  
1445 State Street, Salem, OR 97301  
503-365-3965

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**OPERATIVE NOTE**

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**PATIENT:** Modesto Luis Hernandez  
**DATE OF BIRTH:** 07/24/1969  
**ENCOUNTER DATE:** 07/19/2022 7:30 AM  
**SURGEON:** Daniel M. Elkin MD

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**PREOPERATIVE DIAGNOSIS:**

1. Left shoulder rotator cuff tear of subscapularis
2. Left shoulder degenerative labral fraying
3. Left shoulder biceps tendon tear proximal
4. Left shoulder superior labrum anterior-posterior tear

**POSTOPERATIVE DIAGNOSIS:**

1. Left shoulder rotator cuff tear of subscapularis
2. Left shoulder degenerative labral fraying
3. Left shoulder biceps tendon tear proximal
4. Left shoulder superior labrum anterior-posterior tear

**PROCEDURE:**

1. Left shoulder arthroscopic rotator cuff repair
2. Arthroscopic biceps tenodesis
3. Extensive debridement

**ASSISTANT:** Yon Gomez, P.A.-C

**ANESTHESIA:** LMA with interscalene nerve block per Dr. Lloyd

**SPECIMENS:** None

**EBL:** Minimal

**COMPLICATIONS:** None

**POSTOP CONDITION:** Stable to recovery

**INDICATIONS:** The patient is a 52-year-old gentleman with the above diagnoses. He failed conservative treatment. He continues to have pain refractory to conservative measures and therefore was indicated for the above procedure.

**DESCRIPTION OF PROCEDURE:** The patient was seen in preoperative holding. Consent was verified. The risks, benefits and alternatives were discussed and the patient wished to proceed. The left shoulder was marked by myself and the patient. The patient was brought to the OR and induced with the above anesthesia. The patient was placed in the lateral decubitus position. All bony prominences were padded. The left upper extremity was prepped and draped in the usual sterile fashion. A surgical time-out was called identifying the left side as the correct side. This correlated with preoperative imaging, markings on the patient and the consent form.



At this point, we began diagnostic arthroscopy from the posterior portal of the glenohumeral joint. The humeral head and glenoid cartilage were intact. There was degenerative labral fraying anteriorly. There was significant scar tissue about the rotator interval. There was a full thickness tear of the subscapularis without retraction. The biceps tendon was medially subluxated and there was significant tearing of the superior labrum at the bicipital attachment.

At this point, an anterior working portal was established. The rotator interval tissue was cleared using the RF device as well as a motorized shaver. The subcoracoid space was developed. There was no subcoracoid impingement. We performed an extensive debridement of the degenerative labral tissue as well as the capsular and rotator interval tissue.

We then performed a Loop 'n Tack biceps tenodesis using the FiberLink. The biceps was resected from the superior glenoid tubercle. We next used the scorpion to pass two SutureTapes through the subscapularis. These SutureTapes as well as the biceps suture were placed into an Arthrex 4.75 mm SwiveLock and this was inserted into the lesser tuberosity for anatomic restoration of the subscapularis and for the arthroscopic biceps tenodesis. We had excellent purchase on the anchor. The tails were cut flush. The repair was stable to probing as well as internal and external rotation.

We next entered the subacromial space. A bursectomy was accomplished. The undersurface of the acromion was visualized. There was no spurring. The superior aspect of the rotator cuff was visualized from the bursal surface and there was no tearing. We therefore did not do any work in this region.

The shoulder was drained of arthroscopic fluid. The portals were closed in interrupted fashion using 3-0 Vicryl followed by 3-0 nylon sutures. A sterile dressing was applied. The patient was awakened from anesthesia and brought to PACU in stable condition.

Yon Gomez, P.A.-C, a trained surgical assistant, was necessary for multiple parts of the procedure including positioning, retraction, placement of implants, arm and camera manipulation and closure.

**DISPOSITION:** The patient will be in a sling for four weeks. No active biceps lifting. Active elbow, wrist and hand range of motion would be permitted. No active shoulder motion for four weeks. He will be on aspirin for four weeks for DVT prophylaxis.

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Daniel Elkin, M.D.  
DE:jsc

D: 07/19/22 – 08:52  
T: 07/19/22 – 18:34  
#0719-074



**Hope Orthopedics Of Oregon**

1600 State St  
 Salem, OR 97301-4257  
 Phone: (503)540-6300  
 Fax: (503) 540-6404

Patient: **Modesto Luis Hernandez**  
 Date of Birth: 07/24/1969  
 Date: 07/28/2022 9:20 AM  
 Visit Type: Post-Operative Visit  
 Provider: Yon Gomez PA-C  
 Historian: Interpreter

This 53 year old client presents for post-op Left Shoulder.

**History of Present Illness****1. post-op Left Shoulder****Subjective:**

53-year-old male status post left shoulder arthroscopic rotator cuff repair, arthroscopic biceps tenodesis, extensive debridement performed on 07/19/2022. Patient states that he is overall doing well post-operatively. He reports that he is receiving all his post-operative medications at his facilities as recommended. At this time he reports that he is maintaining in the sling as instructed with no active shoulder motions. Today he rates his pain as a 5/10. He reports that he has not showered since the date of the surgery but that they are providing him with wash clothes.

**Problem List**

Problem Description	Onset Date	Chronic	Clinical Status	Notes
Impingement syndrome, shoulder, left		N		
Superior labrum anterior-to-posterior (SLAP) tear of left shoulder		N		
Traumatic partial tear of left biceps tendon, subsequent encounter		N		
Full thickness tear of left subscapularis		N		



tendon, subsequent  
encounter

## Past Medical History (Detailed)

### Medication Reconciliation

Medications reconciled today.  
Patient is on no medications.

### Allergies:

Ingredient	Reaction (Severity)	Medication Name	Comment
NO KNOWN ALLERGIES			
Reviewed, no changes.			

## Family History

(Detailed)

## Social History (Detailed)

Preferred language is Spanish; Castilian.

Tobacco use status: Current non-smoker.

Smoking status: Never smoker.

## Review of Systems

System	Neg/Pos	Details
Constitutional	Negative	Fatigue, Fever and Night sweats.
Eyes	Negative	Vision loss.
Respiratory	Negative	Cough and Dyspnea.
Cardio	Negative	Chest pain, Cyanosis and Irregular heartbeat/palpitations.
GI	Negative	Constipation, Diarrhea, Nausea and Vomiting.
GU	Negative	Dysuria, Hematuria and Urinary incontinence.
Endocrine	Negative	Cold intolerance and Heat intolerance.
Neuro	Negative	Difficulty walking, Dizziness and Headache.
Integumentary	Negative	Rash.



MS	Negative	Except as noted in HPI and Chief complaint.
Hema/Lymph	Negative	Easy bleeding and Easy bruising.
Allergic/Immuno	Negative	Environmental allergies and Food allergies.

## Vital Signs

### Blood Pressure

Time	BP mm/Hg	Position	Side	Site	Method	Cuff Size	Measured By
9:32 AM	156/91	sitting	right	arm	automatic	adult large	Michelle Janisse

### Temperature/Pulse/Respiration

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/min	Measured By
9:32 AM	97.4	36.33	temporal	61	regular		Michelle Janisse

### Pain Scale

Time	Pain Score	Method	Measured By
9:32 AM	5/10	Numeric Pain Intensity Scale	Michelle Janisse

#### Exam:

On physical exam patient is in no distress. Alert and oriented to time and place. Breathing is unlabored.

Focused exam of the left shoulder reveals:

Some visible swelling, incisions are intact with no signs of infection.

Sutures were removed and Steri-Strips placed.

Active range of motion:

Not assessed due to proximity to surgery.

5/5 AIN/PIN/Ulnar nerve strength.

2+ radial pulse. Sensation is normal in axillary, median, ulnar, and radial nerve distributions.

### Indication/Type of Treatment:

Indication	Type of Treatment	Side	Region	Initial Treatment Date	Global Days	Status
Impingement syndrome, shoulder, left	Arthscopy shldr decompression	Left	Shoulder	07/19/2022		scheduled
Full thickness tear of left subscapularis	Arthroscop Rotator Cuff Repair	Left	Shoulder	07/19/2022		scheduled



tendon, subsequent  
encounter

Traumatic partial tear of left biceps tendon, subsequent encounter	ARTHROSCOPY BICEPS TENODESIS	Left	Shoulder	07/19/2022	scheduled
Superior labrum anterior-to-posterior (SLAP) tear of left shoulder	Extensive debridement	Left	Shoulder	07/19/2022	scheduled

#### Clinical Assessment:

### Assessment/Plan

#	Detail Type	Description
1.	Assessment	Encounter for other orthopedic aftercare (Z47.89).

#### Assessment:

53-year-old male status post left shoulder arthroscopic rotator cuff repair, arthroscopic biceps tenodesis, extensive debridement performed on 07/19/2022.

#### Plan:

Overall patient is doing well post-operatively. He will continue to be in a sling for a total of 4 weeks and will continue with his at post-operative exercises of active elbow and wrist motions before starting physical therapy. He will follow-up in 6 weeks to reassess progress after coming out of sling and starting formal physical therapy. We discussed that during next visit we will review intra-operative images since they are not uploaded into our system.

Any questions were answered. The patient demonstrated understanding and is agreeable with the recommendations as discussed.

Yon Gomez, PA-C for attending physician, Daniel Elkin, MD

### Provider

Electronically signed by:

Gomez, Yon 07/28/2022 11:34 AM

Document generated by: Yon Gomez 07/28/2022 11:34 AM



**Electronically signed by Yon Gomez PA-C on 07/28/2022 12:26 PM**



**Hope Orthopedics Of Oregon**

1600 State St  
 Salem, OR 97301-4257  
 Phone: (503)540-6300  
 Fax: (503) 540-6404

Patient: **Modesto Luis Hernandez**  
 Date of Birth: 07/24/1969  
 Date: 09/16/2022 1:11 PM  
 Visit Type: Office Visit  
 Provider: Yon Gomez PA-C  
 Historian: self

This 53 year old patient was referred by Sean Elliott.

This 53 year old client presents for L shoulder PO.

**History of Present Illness****1. L shoulder PO****Subjective:**

53-year-old male status post left shoulder arthroscopic rotator cuff repair, arthroscopic biceps tenodesis, extensive debridement performed on 07/19/2022. Patient states that he is overall doing well post-operatively and reports that he has started to work with physical therapy at his facility on gaining his range of motion. He reports that he is still maintaining in his sling. At this time he is only taking ibuprofen. Today he rates his pain as a 6/10. He reports some intermittent numbness distally in the fingers but denies any tingling

**Problem List**

Problem Description	Onset Date	Chronic	Clinical Status	Notes
Impingement syndrome, shoulder, left		N		
Superior labrum anterior-to-posterior (SLAP) tear of left shoulder		N		
Traumatic partial tear of left biceps tendon, subsequent encounter		N		
Full thickness tear of		N		



left subscapularis  
tendon, subsequent  
encounter

### Past Medical History (Detailed)

### Past Surgical History

Management	Date	Comments
Arthroscop Rotator Cuff Repair	20220719	
ARTHROSCOPY BICEPS TENODESIS	20220719	
Arthscopy shldr decompression	20220719	
Extensive debridement	20220719	

### Medications (active prior to today)

Medication Name	Sig Description	Start Date	Stop Date	Refilled	Rx Elsewhere
ibuprofen 200 mg tablet	take 1 tablet by oral route every 6 hours as needed with food	//			Y

### Medication Reconciliation

Medications reconciled today.

### Allergies:

Ingredient	Reaction (Severity)	Medication Name	Comment
NO KNOWN ALLERGIES			
Reviewed, no changes.			

### Family History

(Detailed)

### Social History (Detailed)

Preferred language is Spanish; Castilian.



Tobacco use status: Current non-smoker.

Smoking status: Never smoker.

## Review of Systems

System	Neg/Pos	Details
Constitutional	Negative	Fatigue, Fever and Night sweats.
Eyes	Negative	Vision loss.
Respiratory	Negative	Cough and Dyspnea.
Cardio	Negative	Chest pain, Cyanosis and Irregular heartbeat/palpitations.
GI	Negative	Constipation, Diarrhea, Nausea and Vomiting.
GU	Negative	Dysuria, Hematuria and Urinary incontinence.
Endocrine	Negative	Cold intolerance and Heat intolerance.
Neuro	Negative	Difficulty walking, Dizziness and Headache.
Integumentary	Negative	Rash.
MS	Negative	Except as noted in HPI and Chief complaint.
Hema/Lymph	Negative	Easy bleeding and Easy bruising.
Allergic/Immuno	Negative	Environmental allergies and Food allergies.

## Vital Signs

### Blood Pressure

Time	BP mm/Hg	Position	Side	Site	Method	Cuff Size	Measured By
1:23 PM	154/96	sitting	right	arm	automatic	adult	Marrissa Brinson

### Temperature/Pulse/Respiration

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/min	Measured By
1:23 PM	97.0	36.11	temporal	56	regular		Marrissa Brinson

### Pain Scale

Time	Pain Score	Method	Measured By
1:23 PM	6/10	Numeric Pain Intensity Scale	Marrissa Brinson

### Exam:

On physical exam patient is in no distress. Alert and oriented to time and place. Breathing is unlabored.

Focused exam of the left shoulder reveals:

No visible swelling, incisions are well healed with no signs of infection.



Active range of motion:

Forward flexion: 160

Abduction: 80

External rotation in abduction: 80

External rotation at the side: 80

Internal rotation: T10

5/5 AIN/PIN/Ulnar nerve strength.

2+ radial pulse. Sensation is normal in axillary, median, ulnar, and radial nerve distributions.

### Indication/Type of Treatment:

Indication	Type of Treatment	Side	Region	Initial Treatment Date	Global Days	Status
Impingement syndrome, shoulder, left	Arthscopy shldr decompression	Left	Shoulder	07/19/2022	59	completed
Full thickness tear of left subscapularis tendon, subsequent encounter	Arthroscop Rotator Cuff Repair	Left	Shoulder	07/19/2022	59	completed
Traumatic partial tear of left biceps tendon, subsequent encounter	ARTHROSCOPY BICEPS TENODESIS	Left	Shoulder	07/19/2022	59	completed
Superior labrum anterior-to-posterior (SLAP) tear of left shoulder	Extensive debridement	Left	Shoulder	07/19/2022	59	completed

### Clinical Assessment:

### Completed Orders (This Visit)

Order	Details	Reason	Side	Interpretation	Result	Initial Treatment Date	Region
	Arthscopy shldr decompression		Left			07/19/2022	Shoulder
	Arthroscop Rotator Cuff Repair		Left			07/19/2022	Shoulder
	ARTHROSCOPY BICEPS TENODESIS		Left			07/19/2022	Shoulder
	Extensive debridement		Left			07/19/2022	Shoulder



## Assessment/Plan

#	Detail Type	Description
1.	Assessment	Encounter for other orthopedic aftercare (Z47.89).

### Assessment:

53-year-old male status post left shoulder arthroscopic rotator cuff repair, arthroscopic biceps tenodesis, extensive debridement performed on 07/19/2022.

### Plan:

Today we reviewed his progress and timelines with rehabilitation. He has achieved nearly full range of motion at this time but discussed continuing to focus on range of motion exercises. At 3 months he may begin the strengthening phase of rehabilitation. We discussed that he no longer needs to wear a sling. He will return in 2 months to reassess progress.

Any questions were answered. The patient demonstrated understanding and is agreeable with the recommendations as discussed.

Yon Gomez, PA-C for attending physician, Daniel Elkin, MD

## Active Patient Care Team Members

Name	Contact	Agency Type	Support Role	Relationship	Active Date	Inactive Date	Specialty
Lance Loberg			Patient provider	PCP			Family Medicine
Tommy Vu			encounter provider				Physician Assistant

## Provider

Electronically signed by:

Gomez, Yon 09/16/2022 4:09 PM

Document generated by: Yon Gomez 09/16/2022 04:09 PM

### CC Providers:

Loberg, Lance G  
9605 Grand Ronde Road  
Grand Ronde  
OR



97347-0000

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**Electronically signed by Yon Gomez PA-C on 09/16/2022 04:54 PM**



**Hope Therapy Services**

1600 State St  
 Salem, OR 97301-4257  
 Phone: (503)540-6472  
 Fax: (503) 540-6480

**Date:** August 30, 2022  
**Patient Name:** Luis Hernandez Modesto **MR #:**  
**Date of Birth:** 07/24/1969 **Phone:** (503)588-6815  
**Insurance:** Marion County Sheriffs Office

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**HOPE THERAPY SERVICES INITIAL EVALUATION**


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**MEDICAL DIAGNOSIS:** M75.121 Nontraumatic complete tear of right rotator cuff (M75.121)

**TREATING DIAGNOSIS:** M25.512 Pain, joint, shoulder, left (M25.512)  
 M25.612 Stiffness of left shoulder joint (M25.612)  
 M62.81 Muscle weakness (generalized) (M62.81)

**PRECAUTIONS /**

**CONTRAINDICATIONS:** None  
**TOTAL TREATMENT TIME:** 40 minutes  
**DATE OF ONSET:** 07/19/2022  
**TREATMENT STARTED:** 08/30/2022  
**VISIT#:** 1  
**TIME IN:** 9:10  
**TIME OUT:** 10:00

**TREATING THERAPIST:** Jennifer F. Truax MSPT ATC R  
**REFERRING PROVIDER:** Donna Millan FNP

---

**Body Part / Injury:** Left Shoulder

**Surgical Procedure**

L RCR with biceps tenodesis **Date:** 07/19/2022 **Days post op:** 1 Month 11 Days

**Pain level at rest:** 3/10

**Pain level during activity:** 4/10

**PQRS:****Subjective**

Luis presents to PT today w a Spanish Speaking Interpreter and a Sheriff Transport guard. He is 6 weeks s/p R RCR with bicep tenodesis and was sent to PT for a HEP instruction to use while in prison.



He is using pain meds and asks when he can come off of them. He agrees to approach this question at his follow up.

He c/o LE pain as well and asks about an injury to his L leg. We deferred this for now given he has not had any PT since surgery and he is 6 weeks s/p.

## **Objective**

Interpreter present: David Ramirez ID: 12709

Initial evaluation complete. Neurovascular status intact. Pt educated on current surgical procedure and expectations of rehab.

Instructed and demonstration of  
HEP (HO provided) which includes:

Access Code: X94PWBDV

Seated Shoulder Flexion Towel Slide at Table Top - 2-3 x daily - 7 x weekly - 2-3 sets - 10-15 reps

Scaption Wall Slide with Towel -

Seated Shoulder Shrugs -

Seated Scapular Retraction -

Seated Elbow Flexion AAROM -

Seated Upper Trapezius Stretch (Mirrored) -

Pt has limitations given the prison environment.

**Initial Eval:** PT-low complexity 15 minutes. No personal factors or co-morbidities. Presents with stable and uncomplicated characteristics.

**Ther Ex:** 25 minutes  
TherEx was performed to HEP Education.

## **Shoulder Evaluation**

### **Range of Motion**

#### **RIGHT**

Flexion	Active: 170	Strength: 5/5
Abduction	Active: 170	Strength: 5/5

#### **LEFT**

Flexion	Active: 60	Passive: 115
Abduction	Active: 30	Passive: 115

## **Assessment**

Patient presents to therapy s/p Lt RCR. Pt demonstrates a good understanding of the surgical procedure and HEP. The clinical findings support the medical necessity to implement physical therapy treatment. Pt presents with deficits in ROM and strength. Pt would benefit from therapy to increase ROM and strength and decrease pain to return to prior level of function as described in the eval.

Rehab potential is expected to be good

Patient's motivation appears to be good

Patient's understanding of the condition is good



**Plan**

Patient to be seen as listed to meet goals. Will progress ROM and strength per MEDIUM/LARGE RCR protocol and as appropriate. Modalities as needed for pain control. Patient was informed of evaluation findings, involved in goal development and education. Given evaluation findings, the prognosis is GOOD with respect to achieving the above listed goals.

I will give Tommy Vu his advancement exercises for phase II of his rehab process. :

**Exercises**

Range of motion  
Strengthening  
Home exercise program

**Frequency:** 1 times per week

**Duration:** 1 week(s)

**GOALS****Short Term Goals**

Maintain integrity of repair by Following precautions and adhering to sling usage

**To be met in 1 weeks To be met by 08/30/2022**

Pt compliance with HEP 2-3x daily

**To be met in 2 weeks**

Increase PROM flexion to 115 deg

**To be met in 3 weeks To be met by 08/30/2022**

Pt to begin transition out of sling abd pillow 08/30/2022

*I have reviewed and agree with today's treatment.*

**I certify the need for these services for up to 90 days under this plan of treatment and while under my care.**

\_\_\_\_\_  
**Provider**

\_\_\_\_\_  
**Date**

*This document was generated electronically through NextGen EMR system.*

Electronically signed by Jennifer F. Truax MSPT ATC R on 08/30/2022 11:07 AM





## MARION COUNTY SHERIFF'S OFFICE

JOE KAST, SHERIFF

### FAX COVER SHEET

To: Scheduling

Agency: HOPE Ortho

Fax Number: 503-540-6404

Phone Number: 503-540-6400

Date: 08-05-2022

From: Deputy Erik Douglass

Agency: MARION COUNTY SHERIFFS OFFICE

Fax Number: 503-588-6819

Phone Number: 503-588-6815

Email: edouglass@CO.MARION.OR.US

Number of Pages: 3  
(Including cover sheet)

#### CONFIDENTIALITY NOTICE

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#### Special Instructions:

Luis-Hernandez, Modesto DOB: 07-24-1969 SID: 21941529

This subject is a prisoner at the Marion County Jail. Dr. Lance Loberg would like to schedule a six-weeks follow-up consultation following the most recent HOPE consult.

Please contact me to set a appointment date and time.

Thank you, Deputy Erik Douglass 503-588-6815

Rev. 6/19

Marion County Courthouse • 100 High Street NE / PO Box 14500, Salem, OR 97309

503.588.5094 • 503.588.7931 (fax) • [www.co.marion.or.us/so](http://www.co.marion.or.us/so)

"To whom much is entrusted, much is expected."





Marion County Jail  
Health Services Unit  
4000 Aumsville Hwy. S.E., Salem, Oregon 97317  
Phone (503)588-8528 Fax (503)588-6819

DATE 8.3.22

**OUTSIDE CONSULT REQUISITION**

**PATIENT INFO**

Name Luis - Hernandez, Modesto

SID 21941529 DOB 7.24.69

Allergies NKDA

MRD \_\_\_\_\_

**REFERRAL INFO**

Doctor's Name \_\_\_\_\_

Clinic Name Hope Orthopedics

Date/Time of Appt \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Directions \_\_\_\_\_

Reason For Consult Follow up appt in 6 weeks

Special Instructions \_\_\_\_\_

Date Completed \_\_\_\_\_



PLEASE WRITE FIRMLY USE BLACK BALL POINT PEN  
**MARION COUNTY JAIL - PHYSICIAN'S ORDERS**

Date: 7/22/22	Time: 1200	Name:	1
<del>1) ASA sling 1200 PM</del> 1) Schedule/arrange appt / transport to Dr Von @ Hope Ortho 7/28/22 @ 0930. 2) Ankle pumps @ Hour of resting, or walk hourly x 3 weeks to prevent blood clots 3) Begin (slowly) Physical Therapy exercises shown in handout for 4-6 months. <span style="float: right;">Smilla FNPC</span>			
<input type="checkbox"/> UNLESS THIS BOX IS CHECKED, A FORMULARY EQUIVALENT MEDICATION MAY BE SUBSTITUTED BY PHARMACY			

Date: 7.22.22	Time: 1430	Name:	2
1/ Sent to ER by car with A/C felt and w/o shoulder and groin area pain. T.O. Dr. Loberg / Bayan, MD 2/ No diagnosis until 7.28.22 <span style="float: right;">Noted</span> T.O. Dr. Loberg / Bayan, MD <span style="float: right;">7.22.22</span> <span style="float: right;">Jan 1970</span> <span style="float: right;">Bayan, MD</span>			
<input type="checkbox"/> UNLESS THIS BOX IS CHECKED, A FORMULARY EQUIVALENT MEDICATION MAY BE SUBSTITUTED BY PHARMACY			

Date: 7-26-22	Time: 1559	Name: Luis Hernandez, Modesto	
1) Wound Remains dressing to it. Shoulder. 2) Consider the dressing to be changed 3) Still has to be removed at 5/4 appt. <span style="float: right;">Smilla FNPC</span>			
<input type="checkbox"/> UNLESS THIS BOX IS CHECKED, A FORMULARY EQUIVALENT MEDICATION MAY BE SUBSTITUTED BY PHARMACY			

Date: 7/29/22	Time: 1500	Name:	4
1) Per Hope Ortho: 1) Maintain in sling with no active shoulder motion x 4 weeks 2) Start Physical Therapy in 4 weeks 3) Hope Ortho follow up appt in 6 weeks <span style="float: right;">Smilla FNPC</span>			
<input type="checkbox"/> UNLESS THIS BOX IS CHECKED, A FORMULARY EQUIVALENT MEDICATION MAY BE SUBSTITUTED BY PHARMACY			

Patient Name Luis Hernandez, Modesto Physician Dr. Loberg  
 Allergies NEA 1/15DM





## MARION COUNTY SHERIFF'S OFFICE

### Discharge/Transfer Form - Health Services

4000 Aumsville Hwy SE - Salem, OR 97317 - Phone (503) 588-8528 / Fax (503) 588-6819

TO: OSCD DATE: 11-22-22

INMATE NAME: Luis-Hernandez, Medesta SID# 21941529

AKA: \_\_\_\_\_ DOB: 7.24.69

ALLERGIES: \_\_\_\_\_ DATE ADMITTED: 7.23.21

MEDICAL / MENTAL HEALTH ISSUES: ① shoulder rotator w/f repair on 7/20/22

MEDICATIONS	SIG	START DATE	STOP DATE
-------------	-----	------------	-----------

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_

TREATMENTS: \_\_\_\_\_

TB SKIN TEST: GIVEN: 8/3/21 CHEST X-RAY: \_\_\_\_\_  
READ: 8/6/21 RESULTS: Normal

LAB DATA/OTHER: \_\_\_\_\_

RN SIGNATURE: [Signature] J# 805